

STANDARD CERTIFICATE OF DEATH

16815

State File No. _____

791

1003

Registrar's No. 4333

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County: _____
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 weeks
(Specify whether
In this community: 61 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: S. Dakota (b) County: _____
(c) City or town: Delmont
(If outside city or town limits, write "RURAL")
(d) Street No.: _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME: Samuel Teske
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

20. DATE OF DEATH: Month May day 21st
year 1941 hour 12:30 AM minute _____ M.

4. Sex: Male 5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Caroline Teske nee Doerr
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: January 17, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 14 1941 to May 21 1941
that I last saw him alive on May 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis
intermittent infarction
art. sclerosis
Due to: _____
Due to: _____

Duration
5 hrs
4 hrs
5 yrs

AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>4</u>	hr. _____ min.

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations: _____
Of autopsy: alive

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace: Paris Bessarabia
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: _____

12. Name: Not Known

13. Birthplace: Not Known
(City, town, or county) (State or foreign country)

14. Maiden name: Not Known

15. Birthplace: Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Martha Bohrer

(b) Address: 4540 Lindell Blvd.

17. (a) Removal (b) Date thereof: 5/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Delmont, S. Dakota

18. (a) Signature of funeral director: Math Hermann & Son

(b) Address: 2161 East Fair Ave

19. (a) MAY 23 1941 (b) J. F. Brueck
(Recorded and indexed) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): _____
(b) Date of occurrence: _____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury: _____

23. Signature: J. F. Brueck (M. D. or other) _____
Address: 3720 W. ... Date signed: 5-22-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Ronald Hampton*
Licensed Embalmer No. *2967*
P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.