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

DEPARTMENT OF COMMERCE
Bureau of the Census

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33322

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8277

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 Desloge Hospital. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days. (Specify whether years, months or days)
In this community 35 Years.

2. USUAL RESIDENCE OF DECEASED: 000 19 70 6
(a) State Mo. (b) County
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 1439 Hodiamont Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Catherine Teefer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Teefer.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 27, (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
51	5	20	hr. min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home.
11. Industry or business
MOTHER FATHER
12. Name Jacob Marron.
13. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
14. Maiden name Pauline Unknown
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)
16. (a) Informant Arthur Teefer.
(b) Address 1439 Hodiamont Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.
18. (a) Signature of funeral director Arthur J. Donelly
(b) Address 3848 Lindell Blvd
19. (a) OCT 18 1941 (Date received local registrar) (b) J. T. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17 year 41 hour 4 minute 55 A. M.
21. I hereby certify that I attended the deceased from 10/10/41, 19 to 10/17/41, 19; that I last saw alive on 10/17/41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
~~Encephalomalacia~~ Encephalo - Medbrain	7
Due to Marked arterial atherosclerosis.	
Due to 83	7
Other conditions (Include pregnancy within 3 months of death) 12	
Major findings: Of operations	
Of autopsy Confirmed above.	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ray A. Mezera (M.D. or [redacted]) Address 1325 S. [illegible] Date signed 10/17/41

(Licensed Embalmer's Statement on Reverse Side) Ray A. Mezera, M.D.

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. W H Van Matre

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

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

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