

FILED MAY 19 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4193**

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** County **St. Louis**
 (b) City or town **St. Louis University City, N.B.**
(If outside city or town limits, write "RURAL")
 (c) Street No. **6525 Plymouth**
(If rural, give location)
 (d) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Olivia Teckelmeir**
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **11**
 year **1942** hour..... minute..... M.

4. Sex **Female**
 5. Color of race **White**
 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **Nov 11 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 19 1942** to **May 11 1942**
 that I last saw her alive on **May 11 1942**
 and that death occurred on the date and hour stated above.

8. AGE: Years **77** Months **6** Days **0**
 If less than one day hr. min.

Immediate cause of death.....
Hypertensive Pneumonia
due to cerebral vascular disease
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death).....
 Major findings: Of operations.....
 Of autopsy.....

9. Birthplace **Fenne Osage Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**

MOTHER FATHER {
 12. Name **Ernest Dieckman**
 13. Birthplace **Missouri**
 14. Maiden name **Caroline Fuelling**
 15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

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)
 23. Signature **Paul J. Briley** (M. D. or other)
 Address **6125 Barker St.** Date signed **5/14/42**

16. (a) In residence **Mrs. Wm Brauer**
 (b) Address **6525 Plymouth**
 17. (a) **Removal** (b) Date thereof **5/12 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Wright City Missouri**
 18. (a) Signature of funeral director **Albert H. Hoppe**
 (b) Address **4700 Washington St**
 19. (a) **MAY 12 1942** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

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

Walter H Burnley

Licensed Embalmer No. *4202*

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.