S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15599

State File No.

FILED MAY 4 1942

Registration District No. 24

Primary Registration District No. 109

Registrar's No. 947

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Days (Specify whether

In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3500 Connecticut St. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No)

If yes name country

3. (a) PRINT FULL NAME William F. Teich

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lizzie

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased September (Month) 15 (Day) 1861 (Year)

8. AGE: Years 80 Months 7 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lizzie Teich

(b) Address 3500 Connecticut Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/42 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wacker-Gilderle Co

(b) Address 3634 Gravois Ave

19. (a) APR 28 1942 (Date received local registrar) (b) C. G. McGavran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 26, 1942, to Apr 26, 1942 that I last saw him alive on April 20, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chronic	Not Known
Due to: Arteriosclerosis 93d	Not Known
Due to:	
Other conditions (Include pregnancy within 3 months of death): Prostatic Hypertrophy	Not Known
Major findings: Of operations: Prostatic Hypertrophy	
Of autopsy:	

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)

(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 Robert E. Warner (M. D. or other) M.D.

Address Paul Brown Bldg. St. Louis Mo Date signed Apr 27 42

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1942

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 Robert Wheeler

Licensed Embalmer No. 2128

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.