S. No. 2
I—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26236

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 6881

**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:
4938 Robert Ave. 1
(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 (b) County 000 17 62

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

(d) Street No. 4938 Robert Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Catherine Tentschert

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ferdinand Tentschert

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 12, 1875
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 2 | 0 | hr. min. |

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Joseph Galen
13. Birthplace (City, town, or county) New York 1 (State or foreign country)

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

16. (a) Informant Ferdinand Tentschert
(b) Address 4938 Robert Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cm.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) AUG 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug. day 12
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 20, 1942, to Aug 12, 1942; that I last saw her alive on Aug 12, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Myocarditis | ? |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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 Frank J. Stange (M. D. or other)
Address 3924 S Grand Bl Mo. Date signed 8/13/42

847 (Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**