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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 1 1942 318

Primary Registration District No. 1003

Registrar's No. 7790

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:  
3159 N 13 Th Str  
(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

3. (a) PRINT FULL NAME Mary Tenhibben

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Tenhibben

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

7. Birth date of deceased Feb 19 Th 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

89 ----- 7 - 0 -- hr. ----- min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Weillding

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant John Tenhibben

(b) Address Brighten ILL 1942

17. (a) Burial (b) Date thereof Sep 21 St  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary

18. (a) Signature of funeral director Edward Kohl

(b) Address 3516 N 14 Th Str

19. (a) SEP 19 1942 (b) J. F. Biedeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 3159 N 13 Th Str  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18  
year 1942 3:39 P.M. (M.)

21. I hereby certify that I attended the deceased from 9/6-1942 to 9/18-1942  
that I last saw him alive on 9/17-1942, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic lung disease

Due to 9/18

Due to 10

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings None

Of operations \_\_\_\_\_

Of autopsy None

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) None

(b) Date of occurrence None

(c) Where did injury occur? None  
(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)

(e) Means of injury None

23. Signature Dr. M. J. Hancock (M.D. or other) \_\_\_\_\_  
Address 2239 N Grand 9/16/1942 Date signed \_\_\_\_\_

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.....

*Harry J. Schumaker*

Licensed Embalmer No. *2679*

P. O. Address *732 Tompkins*

**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.**