. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37911

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 10485

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: 5539 Pershing
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5539 Pershing Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hannah S. Teller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Samuel Teller

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

7. Birth date of deceased unknown (Month) (Day) (Year)

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

9. Birthplace Vicksburg (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Herbert P. Feibelman
(b) Address 5539 Pershing

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-30-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Vicksburg, Miss.

18. (a) Signature of funeral director Herman Rudolph
(b) Address 5216 Delmar Blvd.

19. (a) NOV 30 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1943 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct 10, 1940 to Nov 29, 1943
that I last saw her alive on Nov. 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast with metastases in brain

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Remy Breast Oct 11, 1943 for Cancer
Of autopsy

Duration

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 Harry Laudel (M. D. or other)
Address 634 N. Tower Date signed 11-30-43

(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 William Simons

Licensed Embalmer No. 4319

P. O. Address 5216 Delmar Blvd.

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.