

FILED FEB 27 1944
Registration District No. 318

Primary Registration District No. 1003

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:
BARNES 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 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 0 9
(d) Street No. 1502 Wagoner place 11
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME EDWARD BENJAMIN TEACHER

3. (b) If veteran, name war no 3. (c) Social Security No. 498-01-1164

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grace Moneymaker Teacher 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 23, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 50 0 18 hr. min.

9. Birthplace London England 4
(City, town, or county) (State or foreign country)

10. Usual occupation salesman

11. Industry or business retail furniture & appliances

12. Name unk

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Teacher

(b) Address 1502 Wagoner place

17. (a) burial (b) Date thereof 1/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson ave

19. (a) JAN 12 1944 (b) J. F. Brebeck
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 10
year 44 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from Dec. 17, 1943 to JAN. 10, 1944;
that I last saw him alive on JAN. 10, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus
Due to Post-op suprapubic prostatic
Due to /// A
Other conditions (Include pregnancy within 3 months of death)
anaces

Duration

PHYSICIAN

Major findings: Benign hypertrophy of prostate
Of operations Benign hypertrophy of prostate
Of autopsy Pulmonary embolus

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. P. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 1/10/44

MOTHER FATHER

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. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.