

FILED FEB 27 1944

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

330

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 3 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Lucky Tedder

3. (b) If veteran, name war.....
 3. (c) Social Security No.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced..... 0
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... SEPT - 9 - 1943
 (Month) (Day) (Year)

8. AGE: Years Months Days
4 3
 If less than one day
 hr. min.

9. Birthplace..... ST. LOUIS MO
 (City, town, or county) (State or foreign country)

MOTHER FATHER

12. Name..... WALKER TEDDER
 13. Birthplace..... MONTEREY - MO
 (City, town, or county) (State or foreign country)
 14. Maiden name..... ERMA STRICKLAN
 15. Birthplace..... MONTEREY - MO
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Walker Tedder
 (b) Address..... 1617 no. 25th St

17. (a) ~~HOSPITAL~~ (b) Date thereof..... 1-12-44
 (Month) (Day) (Year)

(c) Place: burial or cremation..... MONTEREY - MO

18. (a) Signature of funeral director..... L. B. Tanner
 (b) Address..... 107 Natural Bridge
JAN 12 1944

19. (a) (Date received local registrar) (b) J. B. Braddock
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MISSOURI (b) County..... 1003
 (c) City or town..... ST. LOUIS 720
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1617 no. 25th St
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 10
 year..... 1944 hour..... 6:25 minute..... P M.
 21. I hereby certify that I attended the deceased from..... January
8..... 1944 to..... January 10..... 1944
 that I last saw him alive on..... January 10..... 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Lobar Pneumonia
 Duration
 Due to..... 10 8
 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?

While a work..... (Specify type of place) (by means of injury)
 23. Signature..... Chas. W. Mack (Date signed) 1/11/44
 Address..... 1515 Lafayette Avenue

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 Howard R. Rowland

Licensed Embalmer No. 3114

P. O. Address Thomas M

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

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