DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 1065

Registrar's No. 727

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

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37

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

(d) Street No. 209 Market St. N.R.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Ferdinand Tekotte

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emily Tekotte

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov. (Month) 8 (Day) 1868 (Year)

8. AGE: Years 75 Months 2 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER

12. Name Henry Tekotte

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

MOTHER

14. Maiden name Gertrude Holtwick

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

16. (a) Informant Marie Kirchofer

(b) Address Hermann, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 24 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1944 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Subdural Hemorrhage of Brain. Oedema of Brain when he was struck by a

Due to Automobile driven by one Edgar Martin at Ballwin Mo

Due to around 7 pm Dec 26-1943

Cause and manner of same

Other conditions Could not be Ascertained
(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) Open Verdict

(b) Date of occurrence Dec 26-1943

(c) Where did injury occur? Ballwin (City or town) (County) Mo (State)

(d) Did injury occur in or about home or farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 1-24-44

(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 Albert E. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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

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