S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5804

FILED FEB 18 1944

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 1285

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: St. Anthony Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 3/6

(d) Street No. 3500 Connecticut St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Lizzie Teich

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Teich

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

7. Birth date of deceased Oct. (Month) 22 (Day) 1868 (Year)

8. AGE: Years 75 Months 3 Days 15 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER 12. Name John Plum

13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name Julia Winkelmeyer

15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Dr. Raymond Teich

(b) Address 1815 Alfred Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Theodore Helderle

(b) Address 3634 Gravois Ave.

19. (a) FEB 9 1944 (Date received local registrar) (b) J. J. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1944 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb 5-44 Feb 5, 1944 to Feb 8, 1944 that I last saw h[illegible] alive on Feb 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 19 days

Due to Arteriosclerosis — Duration 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? (Specify type of place)

While at work? 0 (e) Means of injury 0

23. Signature Robert E. Warner (M. D. or other) MD

Address Paul Brown Bld St Louis MO Date signed Feb 9 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. Frank J. Hyland.

Licensed Embalmer No. 2645

P. O. Address. St Louis Mo

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.