

Registration District No. _____ Primary Registration District No. _____

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. Louis Childrens Hospital
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 1 Day
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6839 Gravius
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Baby Girl Teuteberg

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 Single

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

7. Birth date of deceased March 1, 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1
 year 1944 hour 5 minute 18 P.M.

21. I hereby certify that I attended the deceased from 3-1-1944 to 3-1-1944
 that I last saw her alive on 3-1-1944
 and that death occurred on the date and hour stated above.

8. AGE:

| | | | |
|-------|--------|----------|----------------------|
| Years | Months | Days | If less than one day |
| _____ | _____ | <u>1</u> | hr. _____ min. |

Immediate cause of death Pythrodolosis fetalis

Due to _____

Due to _____

Other conditions 161
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____

PHYSICIAN

Major findings:
 Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Ralph Teuteberg

13. Birthplace East St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ann Probst

15. Birthplace 6859 Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Teuteberg
 (b) Address 6839 Gravius

17. (a) Burial (b) Date thereof March 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Fendler Und. Co.
 (b) Address 7420 Michigan Avenue

19. (a) MAR 2 1944 (b) J. F. Bredeak
(Date received local registrar) (Registrar's signature)

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 1

23. Signature A. J. Blatter (M. D. or other) _____
 Address 1000 S. Kings Date signed _____

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

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. 4148
working under my personal supervision.

Signed _____

Licensed Embalmer No. 4148

P. O. Address Jenney 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.