S. No. 2
M—9-4-41
r. 5-17-39
PI . X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

Registration District No. 3 17

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8408

State File No.

Primary Registration District No. 3066

Registrar's No. 457

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 609 Edna L
(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 Mo (b) County St Louis
(c) City or town Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No. 609 Edna Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

96
7
3

3. (a) PRINT FULL NAME Gertrude W Teutenberg
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frederick Teutenberg
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Mar 21 1892 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	10	29	hr. min.

9. Birthplace Festus (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Bean
13. Birthplace unknown (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Mary Cash
15. Birthplace unknown (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Frederick Teutenberg
(b) Address 609 Edna, Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem
18. (a) Signature of funeral director Lewis H Bopp Inc
(b) Address Kirkwood Mo
19. (a) FEB 22 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1944 hour 7 P.M. minute M.
21. I hereby certify that I attended the deceased from April 17, 1943, to Feb. 20, 1944, that I last saw he alive on Feb. 20 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of lungs	3 mo.
Due to: Metastasis from Carcinoma of breast (removed)	18 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: No	
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? (e) Means of injury O
23. Signature E. G. McGavran (M. D. or other) M.D.
Address Kirkwood Mo Date signed 2/21/44

(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 Van M Sizemore

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl. Maplewood, 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.