

FILED JUL 21 1944

318

Registration District No.

1003

State File No.

6152

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5356 Vernon Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Michael J. Teckenbrock

3. (b) If veteran, name war No None 3. (c) Social Security No. 494-01-7920

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October 30, 1885
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	8	10	hr. min.

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

10. Usual occupation Produce Salesman

11. Industry or business Shaw Richmond

MOTHER, FATHER

12. Name Theodore H. Teckenbrock

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

14. Maiden name Bridget E. McLaughlin

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

16. (a) Informant Leo Teckenbrock

(b) Address 7120a Forsythe

17. (a) Burial (b) Date thereof 7 - 12 - 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Robert J. Stewart

(b) Address Sub A 5 Union Blvd

19. (a) Jul 11 1944 (b) Registrar's signature J. F. Breda
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
 (d) Street No. 5356 Vernon Ave. (If rural, give location) 95
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1944 hour 1:50 minute AM

21. I hereby certify that I attended the deceased from May 8 1944 to July 10 1944
 that I last saw him alive on July 8 and that death occurred on the date and hour stated above. 1944

Immediate cause of death Carcinoma of the Larynx & Pharynx Duration

Due to Primary in Larynx

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

Major findings: Of operations H&A Of autopsy..... PHYSICIAN

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.....
 Signature Robert J. Farrell (M. D. or other) 7/10/44
 Address 624 N. Union Date signed.....

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 W. W. Wilkinson
Licensed Embalmer No. 3575
P. O. Address.....

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.