

FILED OCT 23 1944 318

Registration District No.

Primary Registration District No.

Registrar's No. 8792

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:  
1419 R Monroe St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 days (Specify whether  
In this community 22 days  
years, months or days)

3. (a) PRINT FULL NAME Wanda Marie Teal

3. (b) If veteran, name war none 3. (c) Social Security No. none

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 Sept. 24th. 1944  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 22 If less than one day  
hr. min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Aud Teal  
13. Birthplace Ill. (I)  
(City, town, or county) (State or foreign country)

14. Maiden name Myrtle Street  
15. Birthplace Mo. (D)  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Teal  
(b) Address 1419 R. Monroe St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-44  
(Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) OCT 17 1944 (Date received local registrar) J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1419 R. Monroe St. (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th  
year 1944 hour 8:25 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept. 24, 1944 to Oct. 16, 1944  
that I last saw her alive on Oct. 16, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1/2 day

Due to Premature birth

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. C. Creane (M. D. or other) MD  
Address 2504 N. 14th St Date signed 10-16-44

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.....  
working under my personal supervision.

Signed *John P. Buchholz*  
Licensed Embalmer No. *1674*  
P. O. Address *2223 S. Hermit Ave.*

**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.**