

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 5 1944
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **1003**

36501
State File No. **10031**
Registrar's No. **109**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
179

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **?** (Specify whether **0**)
In this community **Life**
years, months or days

3. (a) PRINT FULL NAME **Theodore F. Tschee**
3. (b) If veteran, name war **No**
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Hazel Tschee**
6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **March 4, 1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 **8** **20** hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Joseph Tschee**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Stecker**
15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hazel Tschee**
(b) Address **Warrenton, Missouri**

17. (a) **Burial** (b) Date thereof **Nov. 27, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bellefontaine Cemetery**

18. (a) Signature of funeral director **Calvin F. Reutz Funeral Home**
(b) Address **4828 Natural Bridge Blvd.**

19. (a) **NOV 25 1944** (b) **J. F. Bredeck**
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Warren**
(c) City or town **Warrenton**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **N.R.**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **24th**
year **1944** hour **9:20** minute **A** M.

21. I hereby certify that I attended the deceased from **11-7-44** to **11/24/44**
that I last saw him alive on **11/24/44** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of sigmoid**
Due to _____
Due to **Hx**

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

Major findings: **Carcinoma of sigmoid with metastases**
Of operations _____
Of autopsy _____

Duration **about 5 years**

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?

23. Signature **Walter M. Miller** (M. D. or other) _____
Address **215 So. Grand Blvd.** Date signed **11/24/44**

3155 Grand

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 A. Miller
Licensed Embalmer No. 4186
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.