

REC'D JUL 13 1945

Registration District No. 42

Primary Registration District No. 1200

Registrar's No. 732

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether HOSPITAL)
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5204 Lake Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Adolph Herman Teschner

3. (b) If veteran, name war World War I
3. (c) Social Security No. 497-05-1636

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Teschner
6. (c) Age of husband or wife if alive 36 yrs.
7. Birth date of deceased March 17 1897
(Month) (Day) (Year)

8. AGE: 48 Years 3 Months 9 Days
If less than one day hr. _____ min. _____

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

10. Usual occupation Swift & Co, Employee

11. Industry or business " " " " " "
12. Name Herman Teschner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eola Jett
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Teschner
(b) Address 5204 Lake Ave, St. Joseph
Burial

17. (a) (Burial, cremation, or removal) Burial
(b) Date thereof June 28 1945
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Chapman Funeral Home
6034 Pryor, St. Joseph, Mo.
(b) Address

19. (a) 6-28-45 (Date received local registrar)
(b) Allen J. Stebbins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1945 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 26 1945 to June 27 1945;
that I last saw him alive on June 27 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull
Due to Contusion of chest
Due to _____

Duration 1 day
1 day
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence June 26-1945
(c) Where did injury occur? Swift & Co, St. Joseph, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place

While at work? Yes (Specify type of place) (c) Means of injury Falling off

23. Signature Walter J. Lane (M. D. or other) M.D.
Address St. Joseph, Mo. Date signed 6/28/45

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

JUL 19 1945

JUL 17 1945

SEP 10 1945

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 Rebecca Love

Licensed Embalmer No. 4160

P. O. Address Dearborn 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.