V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32438

State File No.

FILED OCT 25 1945

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8929

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St John Hospital O
(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)

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")

(d) Street No. 4816 Rhodes
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Edward Anthony Tenholder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. O

5. Color or race W

6. (a) Single, widowed, married, divorced O

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 10 (Month) — 2 (Day) 45 (Year)

8. AGE: Years — Months — Days 13 If less than one day hr. min.

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

10. Usual occupation INfent

11. Industry or business NONE

FATHER
12. Name Edward Tenholder
13. Birthplace St Louis Mo (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name Rosana Schuermann
15. Birthplace ST Louis mo (City, town, or county) O (State or foreign country)

16. (a) Informant Edward Tenholder
(b) Address 4816 Rhodes

17. (a) (Burial, cremation, or removal) (b) Date thereof Oct 15 1945 (Month) (Day) (Year)
(c) Place: burial or cremation New-SS-Prter-Paul

18. (a) Signature of funeral director Schumacher Md Co
(b) Address 3013 Meramec

19. (a) OCT 16 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1945 hour 8.20 PM minute M.

21. I hereby certify that I attended the deceased from 10-2, 1945 to 10-15, 1945
that I last saw h alive on 10-15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 P. J. Mannan (M. D. or other)

Address Mo Theatre Bldg Date signed 10/16/45

(Licensed Embalmer's Statement on Reverse Side)

O. Mamone
Mo. Electric Bldg
Room 1242

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 Francis A. Williamson

Licensed Embalmer No. 3565

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.