S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4167

State File No. 0

Registration District No. 317 Primary Registration District No. 6676 Registrar's No. 231

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6301 Easton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ?

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 5437a N. Kingshighway Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country ____

3. (a) PRINT FULL NAME: Anton H. Tebbenkamp

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male (1)

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Adelia Tebbenkamp

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: September 11, 1879. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	4	11	hr. ____ min.

9. Birthplace: Concordia, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Painter

11. Industry or business: Self

FATHER
12. Name: Henry Tebbenkamp
13. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Stosberg
15. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Adelia Tebbenkamp
(b) Address: 5437a N. Kingshighway Blvd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Jan. 25, 1946. (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery

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

19. (a) 1-26-46 (Date received local registrar) (b) E. B. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22nd year 1946 hour 9:20 minute A. M.

21. I hereby certify that I attended the deceased from Dec 29 1945 to Jan 22 1946 that I last saw him alive on Jan 8 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration
Rheumatic heart dis
Arteriosclerosis

Due to:

Due to: 15 yr

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: [illegible] (M. D. or other)
Address: 415 Lester Bldg Date signed: 1/24/46

(Licensed Embalmer's Statement on Reverse Side)

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

2191

Sister Baby

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 Ralph Linders

Licensed Embalmer No. 4275

P. O. Address St Louis, M

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.