

FILED APR 18 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

3244

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether _____)

In this community 71 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County for 23 17

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

(d) Street No. 2749 Shenandoah
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME RUDOLPH TESSMER

3. (b) If veteran, name war no

3. (c) Social Security 494-26-3589

4. Sex male

5. Color of hair white

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

6. (b) Name of husband or wife Marion Tynes Tessmer

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: July 11 - 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1946 hour 9:10 minute A M.

21. I hereby certify that I attended the deceased from 3/24/46
4/6/46, 19, to 4/6/46, 19;
that I last saw him alive on 4/6/46, 19;
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 8 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Watchman

11. Industry or business Job - Maker D. Y. Co.

12. Name Rudolph Tessmer

13. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma Wittmberger

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Tessmer
(b) Address 2749 Shenandoah

17. (a) Interment (b) Date thereof 4-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Harry E. Weidemann
(b) Address 6803 Brown Ave

19. (a) APR 8 1946 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

Immediate cause of death Generalized peritonitis

Due to ruptured diverticulum of sigmoid

Due to _____

Other conditions Chronic - hypertensive heart disease
(Include prominent within 3 months of death)

Major findings: Of operations Same

Of autopsy Same

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature M. Hara (M, F, or A) 4/6/46
Address 1515 Lafayette Date signed _____

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

MOTHER FATHER

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 Agonishi*
Licensed Embalmer No. *3398*
P. O. Address.....

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.