

S. No. 2
OM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1946
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

39145
State File No. _____
Registrar's No. **9852**

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

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:
6209 Elizabeth Ave.
(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 Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6209 Elizabeth Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lyman T. Teter Sr.
3. (b) If veteran, name war None
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 18th
year 1946 hour 3:05 minute A. M.
21. I hereby certify that I attended the deceased from
Nov 14, 1946, to Nov 18, 1946,
that I last saw h. a. e. c. alive on Nov 15, 1946,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lou Ellen
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May 21 1861
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
Due to arteriosclerosis
Due to _____
Other conditions Myocarditis
(Include pregnancy within 3 months of death)
Hypertrophic Osteoarthrosis
Major findings:
Of operations _____

8. AGE: Years Months Days If less than one day
85 5 27 hr. min.

9. Birthplace St. Clair Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business McQuay Norris Mfg. Co.

12. Name Abraham Teter

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

14. Maiden name Pollyann Green

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

16. (a) Informant Eliza Teter

(b) Address 6209 Elizabeth Ave.

17. (a) Burial (b) Date thereof 11 20 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 19 1946 (b) J. J. Prudeck
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Of autopsy _____

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 Harry W. Reese (M. D. or other) _____
Address 2301 So. Kingshighway Date signed 11/19/46

1301 St. Mary's Hospital
1:30 - 2:00

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 *Edwin M. Barrett*

Licensed Embalmer No. *3024*

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.