No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3454

FILED FEB 5 1947

Registration District No. 5

Primary Registration District No. 3067

Registrar's No. 175

1. PLACE OF DEATH:

(a) County SAINT LOUIS:

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

(c) Name of hospital or institution:
RESIDENCE: 8 Naragansett Drive.
(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 SAINT LOUIS: 96

(c) City or town LADUE VILLAGE: 12
(If outside city or town limits, write "RURAL")

(d) Street No. # 8 NARAGANSETT DRIVE - LADUE WOODS.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME AUGUST TEBELMANN.

3. (b) If veteran, name war NO.

3. (c) Social Security No. 493-03-2605

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY GROVES TEBELMANN.

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased FEBRUARY (Month) 10 (Day) 1895. (Year)

8. AGE: Years 51 | Months 11 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace SAINT LOUIS (City, town, or county) MISSOURI. (State or foreign country)

10. Usual occupation GENERAL MANAGER:

11. Industry or business YUNG & MILLER PIE COMPANY.

FATHER
12. Name ALEXANDER TEBELMANN
13. Birthplace ____ (City, town, or county) GERMANY. (State or foreign country)

MOTHER
14. Maiden name LULA
15. Birthplace ____ (City, town, or county) VIRGINIA. (State or foreign country)

16. (a) Informant WILLIAM RALPH SPENCER

(b) Address # 8 NARAGANSETT DR. - LADUE WOODS.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 25 1947. (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY:

18. (a) Signature of funeral director C. R. LUPTON & SONS.

(b) Address 7233 DELMAR BLVD.

19. (a) 1-25-47 (Date received local registrar) (b) Ruth J Allen MD (Registrar's signature) MSW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day JANUARY year 1947. hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from 7-3-45 ____, 19__, to 1-22 1947 that I last saw him alive on 1-20 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma, Metastatic	18 mo
Due to: from tongue	
Due to: 45 lb	
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 [signature] (M. D. or other)

Address 400 Metropolitan Bldg Date signed 1-23-47

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1948

DR. LOUIS T. BYARS
METROPOLITAN BLDG.
JE: 5470
HOURS 1 - 3 P. M. -

FEB 6 1947

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood, 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.