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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11602

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2382

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Brothers Hospital 0
(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 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7418 Minnesota ave. 9
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Herman E. Telthorst

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Telthorst

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July (Month) 18 (Day) 1887 (Year)

8. AGE: Years 59 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Beer Bottler

11. Industry or business

FATHER
12. Name Herman H. Telthorst
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Klages
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mary Telthorst
(b) Address 7418 Minnesota ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

MAR 8 1947

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1/31/47, 1947 to March 5, 1947
that I last saw him alive on March 5, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration 2 days
Hypertensive Heart Disease — 3 days

Due to

Due to

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? 0
While at work? (Specify type of place) (e) Means of injury

23. Signature George A. O'Sullivan M.D. (M. D. or other)
Address 4217 N. Schirmer Date signed 3-5-47

(Licensed Embalmer's Statement on Reverse Side)

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. Linus C. Hofmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.