

FILED JUN 5 1947

Registration District No. _____

Primary Registration District No. **3026**

Registrar's No. **83**

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Washington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **101 Hancock St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**. (Specify whether)
In this community **18 years**.
years, months or days

3. (a) PRINT FULL NAME **Henry Tegtmeyer**
(b) If veteran, name war **X**
(c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of ~~husband's~~ wife **Alma Tegtmeyer** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **October 19th, 1877**.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 9 hr. min.

9. Birthplace **Cincinnati, Ohio**.
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**.

11. Industry or business **X**

MOTHER FATHER
12. Name **William Tegtmeyer**
13. Birthplace **Unknown. Unknown. 9**.
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Kettler**.
15. Birthplace **Unknown. Unknown. 9**.
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alma Tegtmeyer**
(b) Address **101 Hancock St. Washington, Mo.**
17. (a) **Burial** (b) Date thereof **May 31, 1947**.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stony Hill, Mo.**
18. (a) Signature of funeral director **Hilburg & Pitt, Inc.**
(b) Address **Washington, Mo.**
19. (a) **MAY 29 1947** (b) **[Signature]**
(Date received local registrar) (Licenses or signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Franklin 36**
(c) City or town **Washington 6**
(If outside city or town limits, write "RURAL")
(d) Street No. **101 Hancock St.** (If rural, give location) **71**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **28th** day **May**
year **1947** hour **10** minute **15** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **suicide by self inflicted gun shot**
Due to _____

Due to _____
Other conditions **16 40**
(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:
(c) 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 **Coroner**
23. Signature **[Signature]** (M. D. or other)
Address _____ Date signed **5/28/47**

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 4 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 _____

Lester A. Pitt
Licensed Embalmer No. 3854

P. O. Address Washington, Md.

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.