

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 18 days
(Specify whether
 In this community..... Life Teamer, Jr
years, months or days)

3. (a) PRINT FULL NAME..... John Teamer, Jr
 3. (b) If veteran, name war.....
 3. (c) Social Security' No.....

4. Sex..... Male 2 5. Color or race..... Col.
 6. (a) Single, widowed, married, divorced..... 0
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... March 22nd, 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		4	5	hr. min.

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

11. Industry or business.....
 12. Name..... John B. Teamer Sr.
 13. Birthplace..... Okla.
(City, town, or county) (State or foreign country)
 14. Maiden name..... Josie Harold
 15. Birthplace..... Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant..... John B. Teamer Sr.
 (b) Address..... 4571 Page
 17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof..... 7-29-47
(Month) (Day) (Year)
 (c) Place: burial or cremation..... Washington Park Cem.

18. (a) Signature of funeral director..... Ellis Fun, Home
 (b) Address..... 2820 Stoddard St
 19. (a) JUL 29 1947 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Das
 (c) City or town..... St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 4571 Page Blvd
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
 year 1947 hour 11 minut 30 A. M.

21. I hereby certify that I attended the deceased from.....
July 9, 1947, to..... July 27, 1947;
 that I last saw him alive on..... July 27, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Broncho-Pneumonia - Primary
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy..... AS Above

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) (Means of injury)
 23. Signature..... Ed Bauer (M. D.)
 Address..... 2601 N Whittier Street Date signed 7-28-47

Duration
Unk

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Fulton G. Calkin*

Licensed Embalmer No. *4498*

P. O. Address..... *St. Louis 137*

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.