No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40250

FILED NOV 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10304

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

MOTOR

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: Christian Hospital
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5917 North Pointe 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 7 0

If yes, name country

3. (a) PRINT FULL NAME Katherine Telloeken

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife John Telleeker

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

7. Birth date of deceased Feb. (Month) 23 (Day) 1870 (Year)

8. AGE: Years 77 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name William Donner
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katherine Schlicher
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant Martha M. Meinholtz
(b) Address 5917 North Pointe

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Moscoutah Ill

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) NOV 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7
year 1947 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Oct 29, 1947 to Nov. 7, 1947;
that I last saw or alive on Nov. 7, 1947, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardiovascular Dis	7
Hypostatic pneumonia	10 days
Due to: Fracture neck of right femur	10 "
Due to:	
Other conditions (include pregnancy within 3 months of death)	
Major findings of operation: Smith-peterson nail for reduction of fracture	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence 29 Oct. 47

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Fall 0

23. Signature H C Selle (M. D. or other) MD

Address 5738 W Florissant Date signed 11/8/47

Jefferson City Printing Co.

(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.....Warren A. Carver

Licensed Embalmer No.....3534

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.