

Registration District No. 119

Primary Registration District No. 4193

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

1. PLACE OF DEATH:

(a) County Gasconade

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

(c) Name of hospital or institution:
209 Market St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Entire lifetime (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY WILLIAM TEKOTTE

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Pauline Tekotte

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

7. Birth date of deceased March 10 1865
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>83</u>	<u>1</u>	<u>12</u>	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Henry Tekotte

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Holtwick

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emily Tekotte

(b) Address Hermann, Mo

17. (a) Cremation (b) Date thereof 4-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla, St. Louis

18. (a) Signature of funeral director Regost D. Dummer

(b) Address Hermann, Mo

19. (a) 4/24/48 (b) St. Louis
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Hermann
(If outside city or town limits, write "RURAL")

(d) Street No. 209 Market St
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22
year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr 21, 1948, to Apr 22, 1948

that I last saw him alive on Apr 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury 0

23. Signature Howard K. Newman D. or other _____

Address Hermann Date signed 4-28-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

FILED MAY 24 1978

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 13 1978

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.....

working under my personal supervision.

..... Registered Apprentice No.

Signed.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.