

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:.....  
3005 Victor St. 1  
(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

**3: (a) PRINT FULL NAME** Theodore C. Teel.

3. (b) If veteran, name war..... no. 3. (c) Social Security No. 492-07-4027

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife..... Anna Teel 6. (c) Age of husband or wife if alive..... 54 years

7. Birth date of deceased..... Oct. 8, 1892.  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>55</u>	<u>10</u>	<u>23</u>	hr. min.

9. Birthplace Bowling Green Ky. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Proprietor

11. Industry or business..... Teel Light Fixture

12. Name..... John R. Teel.

13. Birthplace..... Kentucky 1  
(City, town, or county) (State or foreign country)

14. Maiden name..... Cordella Meisur

15. Birthplace..... Owensborough Ky. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Anna Teel  
 (b) Address..... 3005 Victor St.

17. (a) Burial (b) Date thereof..... 9-3-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Paul Chyard.

18. (a) Signature of funeral director..... Witt Brock & Co.  
 (b) Address..... 2929 S. Jefferson Av.

19. (a) SEP 3 1948 (b) J. F. Brodeur  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... Mo. (b) County..... ASH

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

(d) Street No. 3005 Victor St.  
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 1  
 year..... 1948 hour..... 4 minute..... 00 A. M.

21. I hereby certify that I attended the deceased from..... June 4  
1948 to..... Sept 31, 1948  
 that I last saw him alive on..... 28 Aug, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral hemorrhage 7 mo.

Due to.....

Due to.....

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

**PHYSICIAN**

Major findings:  
 Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place)  
 (e) Means of injury..... 10

23. Signature..... Bernard M. Thomas M. D. or other..... MD  
 Address..... 3701 Grand St. Date signed..... Sept 11, 48

**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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

**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.**