

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3086

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 495		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				a. STATE Missouri		b. COUNTY _____		
c. LENGTH OF STAY (In this place) _____				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospt # 1				d. STREET ADDRESS (If rural, give location) 6 5924 Minerva Ave				
3. NAME OF DECEASED (Type or Print)			a. (First) Rosina		b. (Middle) _____		c. (Last) Telkamp	
4. DATE OF DEATH		(Month) Jan		(Day) 15		(Year) 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec 21 1873		
9. AGE (In years last birthday) 76		F UNDER 1 YEAR Months _____		F UNDER 1 YEAR Days _____		F UNDER 1 HR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Bernard Polhaus		13b. MOTHER'S MAIDEN NAME Catherine Nennger		14. NAME OF HUSBAND OR WIFE Henry Telkamp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS Gertrude Telkamp 5924 Minerva				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH _____						
ANTECEDENT CAUSES		DUE TO (b) Coronary Sclerosis						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Arteriosclerosis						
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4501				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:40 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) Joseph M. Quinn Deputy				23b. ADDRESS 1300 Clark		23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 19 1950		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Brussels Ills		
DATE REC'D BY LOCAL REG. JAN 17 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125hodiamont Ave				

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Huddiamont

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.