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

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35675

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8358

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (In this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Incarnate Word

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland 24 424X
d. STREET ADDRESS (If rural, give location): 9625 Cote Brilliante

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth b. (Middle) c. (Last) Tenhet
4. DATE OF DEATH (Month) (Day) (Year): Sept 20 1951
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 14 1884
9. AGE (In years last birthday): 67. If under 1 year: Months 2, Days 6. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Paris Tenn.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Bradford
13b. MOTHER'S MAIDEN NAME: Rice
14. NAME OF HUSBAND OR WIFE: Terril Tenhet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 492-36-3758
17. INFORMANT'S SIGNATURE OR NAME: Mamie Weidner ADDRESS: Overland Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bowel Obstruction — 6 days
DUE TO (c) Incarcerated Inguinal Hernia — 8 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 9-16-51
19b. MAJOR FINDINGS OF OPERATION: Gangrenous Bowel (8 inches)
20. AUTOPSY? YES ☐ NO ☑
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): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

5.61.02

22. *I hereby certify that I attended the deceased from* 9-13, 1951, *to* 9-20, 1951, *that I last saw the deceased alive on* 9-19, 1951, *and that death occurred at* 5:50 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Herman J. Klocke (Degree or title) M.D. 23b. ADDRESS: 9621 Lackland Rd 23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/22/51
24c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cem
24d. LOCATION (City, town, or county) (State): St Louis Mo
DATE RECD BY LOCAL REGISTRAR: SEP 21 1951 SEP 21 1951
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ortmann F Home 9222 Lackland Overland Mo
F M B
(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.....

working under my personal supervision.

Student Embalmer No.....

Signed Al C Ortman

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.