

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2464

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Femme Osage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Femme Osage</b>	
c. LENGTH OF STAY (in this place) <b>76 years</b>		d. STREET ADDRESS (If rural, give location) <b>Jalloway Forks Vicinity</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Calloway forks Vicinity</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>G.</b> c. (Last) <b>Teckemeier</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 13, 1952</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 5, 1875</b>		9. AGE (In years) (Month) (Day) (Year) <b>76 4 8</b>		IF UNDER 1 YEAR Hours Min.		IF UNDER 4 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>			11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>Henry G. Teckemeier</b>			13b. MOTHER'S MAIDEN NAME <b>Louisa Koehler</b>			14. NAME OF HUSBAND OR WIFE <b>Alvina Teckemeier</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Walter Prigge</b>		ADDRESS <b>Defiance, Mo.</b>	
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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) <b>Myocardial degeneration</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>				<b>1 yr.</b>	
		DUE TO (c)					
		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 <b>4221</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Jan 4, 1952**, to **Jan 10, 1952**, that I last saw the deceased alive on **Jan 10, 1952**, and that death occurred at **8 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. E. Bergesen D.O.</b> (Degree or title)		23b. ADDRESS <b>Wentzville, Mo.</b>		23c. DATE SIGNED <b>1-14-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/16/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evangelical Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Schlusersburg, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Jan 16, 1952</b>		REGISTRAR'S SIGNATURE <b>Mrs Viola Fleckenstein</b>		25 FUNERAL DIRECTOR'S SIGNATURE <b>Morris Merschery</b>		ADDRESS <b>Wentzville, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Harvard O Kissler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.