

## STANDARD CERTIFICATE OF DEATH

State File No. **33488**

FILED OCT 7 1952

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REG. DIST. NO. 1003

Registrar's No. 9059

1. PLACE OF DEATH a. COUNTRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarinate Word Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b> <b>2037</b>	
3. NAME OF DECEASED (Type or Print) <b>PAUL</b>		d. STREET ADDRESS (If rural, give location) <b>7062 Sutherland Ave.</b>	
a. (First)	b. (Middle)	c. (Last) <b>TEICHMANN</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Sep. 27 1952</b>		5. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) <b>81</b>	
6. SEX <b>Male</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 19, 1871</b>	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist (Retired)</b>	10. KIND OF BUSINESS OR INDUSTRY <b>McQuay-Norris Mfg. Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saxony, Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Barbara Teichmann</b>	
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>498-09-8605</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Barbara Teichmann</b>		ADDRESS <b>7062 Sutherland</b>	
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 Infarction</b> ANTECEDENT CAUSES <b>Failure.</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Failure.</b> DUE TO (c) <b>Ruptured Spleen Bladder</b> 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>Ruptured Spleen Bladder</b>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. HOW DID INJURY OCCUR? <b>586X</b>	
21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>9-15, 1952</b> , to <b>9-27, 1952</b> that I last saw the deceased alive on <b>9-27, 1952</b> and that death occurred at <b>1:40 AM.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Dr. Capel</b>		23b. ADDRESS <b>3284 Lyndale</b>	
23c. DATE SIGNED <b>9/29/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Sep. 30, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>	
DATE REC'D BY LOCAL REG. <b>SEP 30 1952</b>		ADDRESS <b>4228 S. Kingshighway Bl</b>	

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 *Edwin A. Mc Dermott*

Licensed Embalmer No. *3024*

P. O. Address \_\_\_\_\_

**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.