

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16682

State File No.

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1096

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Gardenville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gardenville</u>	
c. LENGTH OF STAY (In this place) <u>13 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4903 Hummelsheim</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4903 Hummelsheim</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u>	b. (Middle) <u>W</u>	c. (Last) <u>Tenting</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 16, 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 17, 1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pattern Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Plastics</u>	11. BIRTHPLACE (State or foreign country) <u>Camel Hill, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>August Tenting</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Bongert</u>	14. NAME OF HUSBAND OR WIFE <u>Amelia Tenting</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-01-8358</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amelia Tenting 4903 Hummelsheim</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from APRIL 16, 1953, to APRIL 16, 1953, that I last saw the deceased alive on April 16, 1953, and that death occurred at 5:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Innocent J. Townsend M.D.</u>	23b. ADDRESS <u>3101⁹ Sutton Ave Maplewood Mo</u>	23c. DATE SIGNED <u>4-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery St Louis Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>4-16-53</u>	REGISTRAR'S SIGNATURE <u>Herbert D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L Ziegenhein & Sons 7027 Gravois</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed B. F. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.