

STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 16 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10754**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 3046 Rolla Place 2109	

3. NAME OF DECEASED (Type or Print) a. (First) Jeanie		b. (Middle) Miller		c. (Last) Tecklenburg		4. DATE OF DEATH (Month) (Day) (Year) 11-23-54		
5. SEX F.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 6, 1917		9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 2 Days 17	IF UNDER 24 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Gillespie Illinois.		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Alex Russell		13b. MOTHER'S MAIDEN NAME Christina Connell		14. NAME OF HUSBAND OR WIFE Wm. L. Tecklenburg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. L. Tecklenburg 3044 Rolla Place	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Postpartum hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypofibrinogenemia		
		DUE TO (c) Arteriotic fibrin embolus?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION 11/22/54		19b. MAJOR FINDINGS OF OPERATION Normal delivery - full term male infant		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., 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. 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 **Aug. 20, 1949, to Nov. 23, 1954**, that I last saw the deceased alive on **Nov. 23, 1954**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jane F. Max, M.D.		23b. ADDRESS 3720 Washington Blvd.		23c. DATE SIGNED 11-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-26-54		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis County.			

DATE REC'D BY LOCAL REG. NOV 26 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. HEALTH DEPARTMENT DIRECTOR'S SIGNATURE ADDRESS Thomas J. Finan, 1519 S. Grand Blvd.	
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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 em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Sam W Wilkerson*.....

Licensed Embalmer No. *377*

P. O. Address *St Louis*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.