

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6557  
State File No. 1680

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo.  
b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN St. Louis  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4932 Lindenwood Ave.  
STREET ADDRESS (If rural, give location) 4932 Lindenwood Ave.

3. NAME OF DECEASED (Type or Print)  
a. (First) GEORGE  
b. (Middle) A.  
c. (Last) TEBBEN  
4. DATE OF DEATH (Month) (Day) (Year)  
Feb. 19 1955

5. SEX Male  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Jan. 8, 1901  
9. AGE (In years last birthday) 54  
IF UNDER 1 YEAR Months Days  
IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Sales-Shaughnessey Kniep Paper Co.  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Tebben  
13b. MOTHER'S MAIDEN NAME Otilie Herzog  
14. NAME OF HUSBAND OR WIFE Anne Tebben

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes  
16. SOCIAL SECURITY NO. World War 2 488-09-8706  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anne Tebben 4932 Lindenwood Ave.

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) Coronary Occlusion  
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Atherosclerosis  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 1 day

19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
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) (Minute) \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from May 1, 1950, to Feb 19, 1955, that I last saw the deceased alive on Feb 19, 1955, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE D. B. Kavan M.D.  
23b. ADDRESS 539 N. Grand St. St. Louis, Mo.  
23c. DATE SIGNED 2/22/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)  
24b. DATE 2-23-1955  
24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_  
24d. LOCATION (City, town, or county) (State) Richmond, Ky.

DATE REC'D BY LOCAL REG. FEB 23 1955  
REGISTRAR'S SIGNATURE J. Carl Smith  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*Edw. A. W. New*

Licensed Embalmer No. 302

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.