

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17056

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4196**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | c. LENGTH OF STAY (in this place) | 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 5047 Ulena Ave. | | e. STREET ADDRESS (If rural, give location) 5047 Ulena Ave. 21570 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) H. c. (Last) TENNEGEN | | 4. DATE OF DEATH (Month) (Day) (Year) May 10 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 20, 1873 |
| 9. AGE (In years last birthday) 81 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk-J. | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. MOTHER'S MAIDEN NAME Caroline Unknown | |

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| 13a. FATHER'S NAME Unknown Tennegen | 13b. MOTHER'S MAIDEN NAME Caroline Unknown | 13c. NAME OF HUSBAND OR WIFE Lulu Tennegen |
| 15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. 490-05-2577 | 17. INFORMANT'S SIGNATURE OR NAME Lulu Tennegen |
| 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. | | ADDRESS 5047 Ulena Ave. |

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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) Coronary thrombosis due to (b) morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. heart disease DUE TO (c) morbid | | INTERVAL BETWEEN ONSET AND DEATH 2 hours 11/25/54 |
| 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) no | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or other place) home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) midnight | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4201 |

22. I hereby certify that I attended the deceased from **12-25-54**, to **5-10-55**, 19**55**, that I last saw the deceased alive on **5-10-55**, 19**55**, and that death occurred at **12:30 A.** m., from the causes and on the date stated above.

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| 23a. SIGNATURE J. C. [Signature] | (Degree or Title) | 23b. ADDRESS 4223 S. Kingshighway | 23c. DATE SIGNED 5-10-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE May 12, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |

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| DATE REC'D BY LOCAL REG. MAY 11 1955 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Kriegshauser 4228 S. Kingshighway Bl. |
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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 *William R. White*.....

Licensed Embalmer No. *425*.....

P.O. Address *4228 Ashbury*.....

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.