

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31917

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2169

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wellston		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 3 yrs. 2 mos.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital		d. STREET ADDRESS (If rural, give location) Unknown	

2029
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3. NAME OF DECEASED (Type or Print) a. (First) Carrie b. (Middle) Tentschert c. (Last) Tentschert			4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug. 7, 1869	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Hours 1	Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Henry Tentschert		13b. MOTHER'S MAIDEN NAME Charlotte		14. NAME OF HUSBAND OR WIFE none			
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. None		17. INFORMANT'S SIGNATURE OR NAME Records of St. Vincent's Hospital		ADDRESS	

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) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH Years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis				Years	
		DUE TO (c) Generalized Osteoarthritis				Years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome Associated with Senile Brain Disease				"	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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) (Min.)		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 6-19-, 1952, to 9-16-, 1955, that I last saw the deceased alive on 9-16-, 1955, and that death occurred at 6:45A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Osterhaus, M.D.		23b. ADDRESS 2407 N. Broadway		23c. DATE SIGNED 9/16/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/17/55		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State). St. Louis Mo.	
DATE REC'D BY LOCAL REG. 9-16-55		REGISTRAR'S SIGNATURE Herbert R. Domba		25. FUNERAL DIRECTOR'S SIGNATURE William Cullen Kelly		ADDRESS 7267 Natural Bridge	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

James A. Lammers

Signed.....

Student Embalmer

Licensed Embalmer No. *4642*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.