

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18752

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4047

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo.          |  | b. COUNTY   |  |
| b. CITY OR TOWN<br>St. Louis  |  | c. LENGTH OF STAY (in this place)  |  | c. CITY OR TOWN<br>St. Louis  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Lutheran Hospital  |  | e. STREET ADDRESS (If rural, give location)<br>15 4452a Morganford Rd. 215 0                                       |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First)<br>FRED   |  | b. (Middle)<br>H.  |  | c. (Last)<br>TEGTMER  |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>Apr. 24 1956  |  | 5. SEX<br>Male   |  | 6. COLOR OR RACE<br>White   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Single  |  | 8. DATE OF BIRTH<br>Aug. 24, 1869  |  | 9. AGE (In years last birthday)<br>86   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Baker (Retired since 1923)   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br>Milstadt, Ill.  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  | 13a. FATHER'S NAME<br>Henry Tegtmeler  |  | 13b. MOTHER'S MAIDEN NAME<br>Unknown  |  |
| 14. NAME OF HUSBAND OR WIFE<br>-----  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br>No None |  | 16. SOCIAL SECURITY NO.<br>None   |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br>Oliver Bohley  |  | 17. ADDRESS<br>4967a Odell Ave.  |  | 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  |
| 19. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) m.  |  | 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 1955 Jan 27 until April 24, 1956 that I last saw the deceased alive on 7/23, 1956, and that death occurred at 7:00 A.M., from the causes and on the date stated above. |  |  |  |   |  |
| 23a. SIGNATURE<br><i>W. D. ...</i>  |  | (Degree or title)  |  | 23b. ADDRESS<br>4228 S. Kingshighway Bl.  |  |
| 23c. DATE SIGNED<br>4/24/56   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal   |  | 24b. DATE<br>Apr. 27, 1956  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br>Bethany Cemetery  |  | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Co. Mo.   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Kriegshauser  |  |
| 25. ADDRESS<br>4228 S. Kingshighway Bl.   |  | DATE REC'D BY LOCAL REG.<br>APR 24 1956  |  |   |  |

S.P.

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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.....  
*Edwin A. M. Derwent*

Licensed Embalmer No. 300

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.