

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11473

STATE FILE NUMBER

 Registration District No. 317 Primary Registration District No. 543 Registrar's No. 820

| | | | | | | | |
|--|----------------------------------|---|--|---|--|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>St. Louis</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jennings</u> | | c. CITY OR TOWN <u>Jennings</u> | | d. STREET ADDRESS <u>8310 McLaran</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Length of stay in lb <u>59 yr</u> | | b. COUNTY <u>St. Louis</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | | 4. DATE OF DEATH | | | |
| First <u>LOUISE</u> | | Middle <u>BARBARA</u> | | Last <u>TEGDER</u> | | Month <u>March</u> Day <u>25th</u> Year <u>1957</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 12th, 1897</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Louis Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>John Tegder</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Barbara Hofmann</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>489-07-9923</u> | | 17. INFORMANT <u>John Schulte, 8310 McLaran</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of liver</u> DUE TO (b) <u>Adeno-carcinoma left breast</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>14 mo.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> | |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>170X</u> | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>Jan 3, 1956</u> to <u>Mar. 25, 1957</u> and last saw her <u>alive</u> on <u>3/25/57</u> Death occurred at <u>405 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Evadne L. Arnold M.D.</u> | | | | 22b. ADDRESS <u>8700 Partridge</u> | | 22c. DATE SIGNED <u>3/26/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>3/28/57</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>New Bethlehem Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>DIEDRICH FUNERAL HOME, 8319 Hallsferry</u> | | | | ADDRESS <u>3-27-57</u> | | 25. DATE RECD. BY LOCAL REG. <u>Heber K. Tomke, M.D.</u> | |
| | | | | 26. REGISTRAR'S SIGNATURE | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

