Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003845
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 281

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Overland — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2415 Wallis Ave. — Length of stay in 1b 33 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Overland 423X — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2415 Wallis Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Charles Middle Helm Last Teel

4. DATE OF DEATH Month Jan. Day 28, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb. 18, 1882
9. AGE (In years last birthday) 76 — 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) Express Messenger
10b. KIND OF BUSINESS OR INDUSTRY Railway Express
11. BIRTHPLACE (City and state or country) McFall, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joel H. Teel
13b. MOTHER'S MAIDEN NAME Mary Hunter
14. NAME OF HUSBAND OR WIFE Ellis Marie Teel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 712-14-9307
17. INFORMANT Ellis Marie Teel, Address 2415 Wallis Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Basilar Brain Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension — 8 Mo.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 9-20-58, to 1-28-59 and last saw him alive on 1-27-59
Death occurred at 11:35 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Herman J Kloeckler M.D.
22b. ADDRESS 9616 Lackland Rd
22c. DATE SIGNED 1-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-30-1959
23c. NAME OF CEMETERY OR CREMATORY Hiram Burial Park
23d. LOCATION (City, town, or county) (State) Creve Coeur, Missouri

24. FUNERAL DIRECTOR Baumann Bros. Inc. ADDRESS 2504 Woodson Rd Overland, Mo.
25. DATE RECD. BY LOCAL REG. 1-29-59
26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland

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.