

VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-017550

FILED VS APR 22 1960

317

Registration District No. _____ Primary Registration District No. 544

Registrar's No. 1127

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u> Length of stay in 1b <u>4 hrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>Kirkwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>402 E. Madison</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>Ferdinand</u> Middle <u>G. A.</u> Last <u>Telle</u>				4. DATE OF DEATH Month <u>April</u> Day <u>2</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/8/1889</u>		9. AGE (last birthday) <u>71</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Store Operator</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Caterer</u>				11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Gotthelf Telle</u>				13b. MOTHER'S MAIDEN NAME <u>Teresa Gerhardter</u>				14. NAME OF HUSBAND OR WIFE <u>Mabel Telle</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>487-38-3268</u>		17. INFORMANT Address <u>Normandy Weleba, Mo.</u> <u>Jarvis Telle, 1308 Weleba, Mo.</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>Myocardial infarction due to a coronary thrombosis</u> DUE TO (b) <u>Arteriosclerotic heart disease</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>5 hrs.</u> <u>4 mons.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>July 7, '57</u> to <u>April 2, '60</u> and last saw <u>him</u> alive on <u>April 2, 1960</u> Death occurred at <u>12:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Signature or title) <u>Philip P. Doisy, M.D.</u>						22b. ADDRESS <u>714 S. Kirkwood Rd. Kirkwood 22, Mo.</u>			22c. DATE SIGNED <u>4-4-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Apr. 5, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Kirkwood 22, Mo.</u>						
24. FUNERAL DIRECTOR ADDRESS <u>Pfizinger Mort., Kirkwood, Mo.</u>						25. DATE RECD. BY LOCAL REG. <u>4-5-60</u>		26. REGISTRAR'S SIGNATURE <u>June B. Murphy, M.D.</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ben E. Hoff

Licensed Embalmer No. 11443

P. O. Address St. Louis

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.