

FILED VS SEP 2 1960 318 Primary Registration District No. 1003 Registrar's No. 8349 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 1 WEEK	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ANTHONY'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) #40 N. KINGSHIGHWAY
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) J. H. A. TECKENBROCK		4. DATE OF DEATH AUGUST 23, 1960	
5. SEX MALE		6. COLOR OR RACE CAUCASTAN	
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/12/1885	
9. AGE (last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ARCHITECT (RETIRED)	
10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME AUGUST TECKENBROCK	
13b. MOTHER'S MAIDEN NAME MARY HAAS		14. NAME OF HUSBAND OR WIFE CLARA P. TECKENBROCK	

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. 498-01-9227	
17. INFORMANT MRS. CLARA TECKENBROCK, 40 N. KINGSHIGHWAY		Address ST. LOUIS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>		6 days
DUE TO (b) <i>Generalized arteriosclerosis</i>		unk
DUE TO (c) <i>331x</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus Bronchial Asthma</i>		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	
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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.)	
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20c. TIME OF INJURY	Hour Month, Day, Year
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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
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21. I attended the deceased from 7/15/59 to 8/23/59 and last saw her/him alive on 8/22/59	
Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Robert S Warner MD	(Degree or title)	22b. ADDRESS 818 Olive St St. Louis	22c. DATE SIGNED 8/23/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) ENTOMBMENT	23b. DATE 8/25/1960	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUSOLEUM	23d. LOCATION (City, town, or county) ST. LOUIS COUNTY, MISSOURI
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24. FUNERAL DIRECTOR HOFFMEISTER COLONIAL MORTUARY	ADDRESS 6464 CHEPPLEA STREET ST. LOUIS, MISSOURI	25. DATE RECD. BY LOCAL REG. AUG 25 1960	26. REGISTRAR'S SIGNATURE Rod Smith, M.D.
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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 Eric C. Branson

Licensed Embalmer No. 476

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.