

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042960

FILED DEC 12 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11232

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | |
|---|---|---|---|--|---|
| 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 | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4014 Keokuk St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First ELIZABETH Middle TEUBER Last | | | 4. DATE OF DEATH Month 12 Day 1 Year 1961 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-14-1901 | 9. AGE (last birthday) 59 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and state or country) Germany | |
| 12. CITIZEN OF WHAT COUNTRY NO Germany | | 13a. FATHER'S NAME Not Known | | 13b. MOTHER'S MAIDEN NAME Not Known | |
| 14. NAME OF HUSBAND OR WIFE Deceased | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, NO unknown) (If yes, give NO or dates of service) | | 16. SOCIAL SECURITY NO. NONE | |
| 17. INFORMANT Gerhard Teuber | | Address 4014 Keokuk | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerosis heart disease DUE TO (b) 420-0 DUE TO (c) | |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 Month, Day, Year 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 NOV 30, 1961 to DEC 1, 1961 and last saw her him alive on DEC 1, 1961 Death occurred at 8 A M on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE A. Y. Muehlen M.D. (Degree or title) | | 22b. ADDRESS 350 Polomen | |
| 22c. DATE SIGNED 12-2-61 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 12-4-1961 | |
| 23c. NAME OF CEMETERY OR CREMATORY Concordia Cem. | | 23d. LOCATION (City, town, or county) St. Louis MO. (State) | | 24. FUNERAL DIRECTOR WINGBERMUEHLE 3019 So Grand Blvd ADDRESS | |
| 25. DATE RECD. BY LOCAL REG. DEC 4 1961 | | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. | | | |

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George J. Anderson

Licensed Embalmer No. 4611

P. O. Address Ham 18

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.