

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-043241**

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3245 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LADUE</u>		c. CITY OR TOWN <u>LADUE</u>	
Length of stay in 1b <u>YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>31 WAUERTON</u>		d. STREET ADDRESS (If outside, give location) <u>31 WAUERTON</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWARD A TEGETHOFF</u>			4. DATE OF DEATH Month Day Year <u>NOV 15 1961</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>JAN 7 1896</u>	9. AGE (last birthday) <u>65</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</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BLDG CONTRACTOR</u>		11. BIRTHPLACE (City and state or country) <u>S.T. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>FRANK TEGETHOFF</u>		13b. MOTHER'S MAIDEN NAME <u>PECILIA STEGMAN</u>		14. NAME OF HUSBAND OR WIFE <u>JULIA TEGETHOFF</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
YES WWI

17. INFORMANT Address  
JULIA TEGETHOFF 31 WAUERTON

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with congestive failure INTERVAL BETWEEN ONSET AND DEATH 3 yrs 7 mo

DUE TO (b) Arteriosclerosis general 5 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Chronic pulmonary emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ s.m. p.m.

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 May 20, 1939 to Nov 15, 1961 and last saw him alive on Nov. 15, 1961.  
Death occurred at 12:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
CH Bockelman M.D.

22b. ADDRESS  
2615 Brentwood Blvd.

22c. DATE SIGNED  
11/15/61

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

23b. DATE  
NOV 17, 1961

23c. NAME OF CEMETERY OR CREMATORY  
NATIONAL CEM. J.B

23d. LOCATION (City, town, or county) (State)  
ST LOUIS COUNTY MO

24. FUNERAL DIRECTOR ADDRESS  
STOCK MORTUARY 889 S. BRENTWOOD

25. DATE RECD. BY LOCAL REG.  
11-16-61

26. REGISTRAR'S SIGNATURE  
John C. Murphy M.D.

DATE AMENDED

INSTEAD OF

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul T Wachter

Licensed Embalmer No. 4787  
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.