

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025622

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1922

FILED JUL 9 1962

VS 300
Rev. 4/59

1 4000

2 0500

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY St. Louis | | a. STATE Mo. b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 9101 S. Broadway | | c. CITY OR TOWN Rural | |
| Length of stay in 1b 7 Mo. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose Hosp. | | d. STREET ADDRESS (If outside, give location) near Arnold, Mo. | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First ANTON Middle TEIGMANN Last | | Month JUNE Day 27 Year 1962 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Dec 21, 1883 |
| 9. AGE (last birthday) 78 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Farmer | |
| 11. BIRTHPLACE (City and state or country) Jefferson Co. Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Henry Telgmann | | 13b. MOTHER'S MAIDEN NAME Frances Klahs | |
| 14. NAME OF HUSBAND OR WIFE Mary Nee Vogt | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | |
| 16. SOCIAL SECURITY NO. - | | 17. INFORMANT Mary Telgmann, Arnold, Mo. | |
| 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) Carcinoma of sigmoid colon | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with metastasis | | | |
| 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 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 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>11-2-61</u> , to <u>6-22-62</u> and last saw ^{her} him alive on <u>1 month ago</u> . Death occurred at <u>5:50</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Lloyd S. Tolup M.D. | | 22b. ADDRESS 135 West Adams, Kirkswood 22, Mo | |
| 22c. DATE SIGNED 6-28-62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE JUNE 27 1962 | |
| 23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CEMETERY | | 23d. LOCATION (City, town, or county) (State) ARNOLD MO | |
| 24. FUNERAL DIRECTOR Heiligttag--Imperial, Mo. | | 25. DATE RECD. BY LOCAL REG. 6-28-62 | |
| | | 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. | |

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 Arthur W. Heulegatz
Licensed Embalmer No. 3872

P. O. Address Imperial Mo

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.