

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County City of St. Louis

Registration District No. 1008

Township

Primary Registration District No.

City

(No. Missouri Baptist Hospital)

File No. 33688

Registered No. 8674

St.

Ward

2. FULL NAME Mary Tegethoff

(a) Residence, No. 4105a N. Taylor Ave. St. 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Widow of Joseph Tegethoff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 14, 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61

7

23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

MOTHER / FATHER

13. NAME

John Keane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

15. MAIDEN NAME

Margaret Finn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

17. INFORMANT (ADDRESS)

Catherine Westphalen  
4105a N. Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

Oct. 5, 1938

19. UNDERTAKER (ADDRESS)

Stroot & Carroll Undertaking  
4600 Natural Bridge Ave.

20. FILED

OCT 1938

1938

J. Bredek  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1938

22. I HEREBY CERTIFY that I attended deceased from

Sept. 30, 1938 to Sept. 30, 1938

I last saw her alive on Sept. 30, 1938. Death is said

to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

Obstruction of bowels  
at home

Obstruction of bowels  
9-25-38

Other contributory causes of importance:

Name of operation

Colostomy

Date of... 9-20-38

What test confirmed diagnosis?

opn. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (u)

(Signed) Charles H. Hest, M. D.

(Address) 508 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I hereby Certified that I have  
Embalmed the Body of Mary Tegethoff  
Signed F.H. Thob  
Lucine #9 265