APR 12 1939

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

8962
Do not use this space.

791
1003
2727

1. PLACE OF DEATH
(a) County 2 Registration District No. 1003
(b) Township Primary Registration District No. Registered No.
(c) City ST LOUIS. (d) Street No. 5159 DELMAR BLVD. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WALTER P. TECKENBROCK
(a) Residence, No. 5159 DELMAR BLVD. St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: IDA WELTZEN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN. 4th 1891
7. AGE: YEARS 48 MONTHS 2 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Proprietor
9. Industry or business in which work was done, as saw mill, bank, etc.: Mullen Amb Co.
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): Mo.

FATHER
13. NAME: AUGUST F. TECKENBROCK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: MARY HAAS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mrs Ida Teckenbrock 5159 Delmar Blvd
18. BURIAL, CREMATION, OR REMOVAL PLACE: MEMORIAL PKG MCH 23 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): L.M. MULLEN 5165 DELMAR BLVD
20. FILED MAR 23 1939 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935, to March 21, 1939
I last saw him alive on 3-21, 1939. Death is said to have occurred on the date stated above, at 6 15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Nephritis	1919

Other contributory causes of importance: Asthmas (war Gas)

Name of operation: none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) P B Cappel M.D., M. D.
(Address) 3239 Ivanhoe Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-1-38 I X14028

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 .....,

Registered Apprentice No....., working under my personal supervision;

Signed John Keller

Licensed Embalmer No. 3880

P. O. Address.....

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 this body is not embalmed, above space should be left blank.