

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.

SEP 14 1939
Registration District No. 791
1008

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution _____
4424 Blair Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Henry Teuscher 2160

3. (b) If veteran, name war. no 3. (c) Social Security No. unk

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 2, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	6	24	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business General Advertising

12. Name Louis Teuscher

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Arlath
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ernst Teuscher

(b) Address 4424 Blair Ave.

17. (a) Burial (b) Date thereof 9-28-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Joseph Louis Funnas

(b) Address 4911 Washington Bl.

19. (a) AUG 27 1939 (b) J. F. Braddock
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4424 Blair Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
 year 1939 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1935 to 1939
 that I last saw him alive on Aug 25, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocarditis Chronic

Due to _____

Other conditions Fistula in Ano -
(Include pregnancy within 3 months of death)

Major findings: Single Fistula April 1939
 Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature John W. Stewart (M. D. or other) _____
 Address 1212 E. 12th St. Date signed 9/26/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Thomas R. Senwick*.....

Licensed Embalmer No. *3793*.....

P. O. Address *St. Louis 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 this body is not embalmed, above space should be left blank.