

34328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **8866**

Registration District No. **791**
1003

Primary Registration District No. _____

1. PLACE OF DEATH: *NEW NOV 1 1939*

(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:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

In this community 29 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3319 Potomac
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME MR. WILLIAM F. TEEPE, JR.

8. (b) If veteran, name war None

8. (c) Social Security No. 494-09-0617

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Loretta Hoesser Teepe

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased February 18, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

29	7	29	hr. _____ min. _____
----	---	----	----------------------

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

10. Usual occupation Beer Bottler

11. Industry or business Brewery

MOTHER FATHER

12. Name William Teepe

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

14. Maiden name Mamie Drozda

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

16. (a) Informant's own signature Loretta Teepe

(b) Address 3319 Potomac

17. (a) Burial (b) Date thereof Oct. 19, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS CEM.

18. (a) Signature of funeral director J. E. Braddock

(b) Address 1936 St. Louis Avenue

19. (a) OCT 18, 1939
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 th
year 1939 hour 8 minute 15 A.M. M.

21. I hereby certify that I attended the deceased from 10-10-
1939, to 10-17-
1939

that I last saw ~~him~~ her alive on 10-17, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis

Due to Coronary Obstruction from adhesions, cause unknown

Due to _____

Other conditions 1226
(Include pregnancy within 3 months of death)

Major findings: Obstruction of coronary arteries
Of operations Coronary Obstruction

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 GARVING

23. Signature L. V. Johnson (M. D. or other) _____
Address 2167 1/2 Park Date signed 10/17/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39 1 X1931

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.

MAR 29 1948

M. L. V. GARVIN

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 *[Handwritten Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 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 this body is not embalmed, above space should be left blank.