

JUN 15 1940  
Registration District No. 791

Primary Registration District No.

1003

Registrar's No.

4199

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:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hosp. 2 days  
(Specify whether  
In this community 69-4-8  
years, months or days)

3. (a) PRINT FULL NAME Henry W. Tettenhorst 356

3. (b) If veteran, name war Nil 8. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna Tettenhorst 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Jan 1 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 4 8 hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Water Works City St. Louis

12. Name Christopher Tettenhorst

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

14. Maiden name Mary (Unknown)

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

16. (a) Informant Luella Tettenhorst  
(b) Address 4023 N. 23 St.

17. (a) Burial (b) Date thereof May 11 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Chudmeyer & Sons  
(b) Address 3934 N. 20 St.

19. (a) MAY 10 1940 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4023 N. 23 St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 40 hour 1 minute 40 A M.  
21. I hereby certify that I attended the deceased from Feb 4  
1939, to May 9, 1940  
that I last saw him alive on May 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Prostate  
& Metastasis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) No

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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 \_\_\_\_\_

23. Signature J. E. [Signature] (M. D. or other) M.D.  
Address 4005 W. [Signature] Date signed 5-9-40

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

MOTHER FATHER

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**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 Alfred J. Bredetter

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

**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.