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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17089**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4567**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 Days
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Peter Ternes **652**
3. (b) If veteran, name war None
3. (c) Social Security No. NONE

4. Sex Male **5. Color or race** White **6. (a) Single, married, divorced, widower** widower
6. (b) Name of husband or wife Late Elizabeth Ternes **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) Austria 7

10. Usual occupation Salesman Real Estate

11. Industry or business unknown

12. Name Unknown Ternes

13. Birthplace _____
(City, town, or county) (State or foreign country) Austria 7

14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country) Austria 7

16. (a) Informant Patsy Ternes

(b) Address 4908a Devonshire Ave.

17. (a) Burial _____ **(b) Date thereof** 5-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) MAY 23 1940 **(b)** _____
(to be received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis **14**
(If outside city or town limits, write "RURAL")
 (d) Street No. 4908a Devonshire Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 23, year 1940 hour 1:10 minute _____ A. M.
21. I hereby certify that I attended the deceased from May _____, 1940, to May 23, 1940;
 that I last saw him alive on May 23, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
 Due to Tuberculosis Meningitis
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy None
 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 Geo. J. Kern (M. D. or other) _____
 Address 1515 Lafayette Date signed 5/23/40

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 Edwin A. Mc Dermott

Licensed Embalmer No. 3024

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.