

FILED OCT 18 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7697**

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 Weeks
(Specify whether _____)
In this community _____
years, months or days) 0

3. (a) PRINT FULL NAME Louis Teuscher

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-18-8708

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Matilda E. Teuscher 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 6, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Mfgs. Agent

11. Industry or business _____

12. Name Louis Teuscher

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

14. Maiden name Caroline Arleth

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

16. (a) Informant Mrs. Matilda Teuscher

(b) Address 5047 Waterman

17. (a) Cremation (b) Date thereof 9/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Charles W. ...

(b) Address 4911 Washington Bl.

19. (a) **SEP 24 1941** (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5047 Waterman
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1941 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Sept 23 1941;
that I last saw him alive on Sept 23 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Hypertensive encephalopathy
Due to Arterial Hypertension
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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 _____
23. Signature Arthur E. Tausig (M. D. or other) 10/8
Address 4520 Olive St. Date signed 9/24/41

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

00
17
9

MOTHER FATHER

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. Fenwick*

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, fact should be so stated above.