

FILED MAR 17 1942 791
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 28000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. No Home
(If rural, give location)

(e) Citizen of foreign country? No ??? (Yes or No) 0
If yes, name country Germany

3. (a) PRINT FULL NAME Wilhelm Tuetenberg

3. (b) If veteran, name was Unknown

3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 85 Months ---- Days --- If less than one day hr. ---- min. 4

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ann Morrison
(b) Address St. Louis City Hospital #1.

17. (a) Antonie's Body Service (b) Date thereof 2-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Ritter

18. (a) Signature of funeral director W. Ritter
(b) Address 3000 Rutger

19. (a) FEB 27 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26,
year 1942 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from February 23, 19 42 to February 26, 19 42
that I last saw him alive on February 26, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis

Due to _____

Due to _____

Other conditions: PM
(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 M. M. Karl (M. D. or other) 0
Address 1515 Lafayette Avenue. Date signed 2/26/42

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.....

Licensed Embalmer No.....

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, fact should be so stated above.