

FILED JAN -5 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10689**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Luther Teter

3. (b) If veteran, name war None
3. (c) Social Security No. 493-09-4346

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

6. (b) Name of husband or wife Gladys Teter 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased March 17th 1907
(Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business McQuay-Norris

12. Name Lyman T. Teter

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

14. Maiden name Lou Ellen Tynes

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

16. (a) Informant Mrs. Gladys Teter

(b) Address 1260 So. Vandeventer Ave.

17. (a) Burial (b) Date thereof 12-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 22 1942 (b) J. F. Breisch
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1260 So. Vandeventer Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th
year 1942 hour 12:45 minute A.M. M.

21. I hereby certify that I attended the deceased from 12/18, 1942 to 12/19/42, 1942;
that I last saw him alive on 12/19/42, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death: Ac. dilatation of heart Duration 1 day

Due to: Pneumo-thorax 1 day

Due to: Abyscus cavity from TB
Possibly 1 yr

Other conditions: cause not known
(Include pregnancy within 3 months of death)

Major findings: Of operations 1/6

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?

(Specify type of place) While at work..... (e) Means of injury.....

23. Signature L. P. Mulligan (M. D. or other) MD

Address 2608 S. Kingshighway Date signed 12/19/42

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

MOTHER FATHER

3

AUG 25 1949

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 D. McHenry*.....

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, fact should be so stated above.