

S. No. 2
OM-247
5-17-36
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. **318**
Primary Registration District No. **1003**
Registrar's No. **4278**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution:
2320a Benton St
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **000**
(c) City or town **ST Louis** **17**
(d) Street No. **2320 Benton St** **920**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ANNA TELLE**
3. (b) If veteran, name war _____
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **6**
year **1943** hour **6** minute **P** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from **July 31** 19**40** to **May 6** 19**43**
that I last saw her alive on **May 6** 19**43**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **November 20 1861**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
81 5 16 br. min.

Immediate cause of death **Cerebral hemorrhage** **11 days**
Duration

9. Birthplace **St Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Nil At home**

Due to **92**
Due to **Chronic Myocarditis**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **Christian Telle**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Koch**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Gustav Telle**
(b) Address **4116 Hartford St**
17. (a) **Burial** (b) Date thereof **May 10 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St Peters Cemetery**
18. (a) Signature of funeral director **Beiderwieden Funl Home Inc**
(b) Address **1936 St Louis Ave**
19. (a) **MAY 7 1943** (b) **J. Brebeck**
(Date received local registrar) (Registrar's signature)

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 **D**
23. Signature **Henry C. Westerman** (M. D.) **M.D.**
Address **2136 E. Grand Blvd** Date signed **5-7-43**

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

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.....

Theo D Bidonmidis

Licensed Embalmer No.....

506

P. O. Address.....

1936 St Louis Ave

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.