

FILED MAY 15 1943

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County: **(Rural) St. Louis**
(b) City or town: **Bonhomme Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None Ries Road**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
In this community **4 years 6 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **St. Louis**
(c) City or town: **Rural** (If outside city or town limits, write "RURAL")
(d) Street No: **Ries Road** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country: **0**

3. (a) PRINT FULL NAME: **Arnold Teuteberg**

3. (b) If veteran, name war: **None** 3. (c) Social Security No.: **None**

4. Sex: **Male** 5. Color of race: **White** 6. (a) Single, widowed, married, divorced: **Single**

6. (b) Name of husband or wife: **None** 6. (c) Age of husband or wife if alive: **None** years

7. Birth date of deceased: **Aug. 16 1852**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 8 21 hr. min.

9. Birthplace: **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Retired Iron worker**

11. Industry or business: **Not employed**

12. Name: **Christian Teuteberg**

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

14. Maiden name: **Unknown**

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

16. (a) Informant: **Mrs. W. H. Knobeloch**

(b) Address: **Ballwin, Mo.**

17. (a) **Burial** (b) Date thereof: **May 9 - 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Salem Cem. Ballwin, Mo.**

18. (a) Signature of funeral director: **Schrader Funl. Home**

(b) Address: **Ballwin, Mo.**

19. (a) **MAY 11 1943** (b) **C. J. McCaron**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **May** day: **7**
year: **1943** hour: **1** minute: **30** M.

21. I hereby certify that I attended the deceased from **April 1, 1942** to **May 7, 1943**

that I last saw him alive on **May 7, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis (decompensation)**

Due to **senility**

Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: **938**

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: **0**

23. Signature: **B. R. Loring** (M. D. or other)

Address: **Ballwin, Mo.** Date signed: **5-8-43**

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

MOTHER FATHER

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

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. Schrader

Licensed Embalmer No.

3066

P. O. Address

Baldwin, 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.