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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34231

Registrar's No. 1162

FILED NOV 9 1943

Registration District No. 22

Primary Registration District No. 1080

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 6218 King Hill Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Paul Teschner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July 13, 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 5
If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business Self

MOTHER FATHER { 12. Name August Teschner

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

{ 14. Maiden name Pauline Halter

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

16. (a) Informant Paul Teschner Jr. (Son)

(b) Address 6218 King Hill Ave. St. Joseph, Mo

17. (a) Burial Memorial Park Cemetery
(Burial, cremation, or removal) (b) Date thereof 10/21/43
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director John E. [Signature]

(b) Address 6054 Pryor Ave., St. Joseph, Mo

19. (a) 10-21-43 (b) Rose [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18,
year 1943 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from October 15
1943 to October 18 1943
that I last saw him alive on October 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 [Signature] (M. D. or other) M.D.
Social Welfare Board 10/19/43
Address St. Joseph, Mo Date signed

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

1288

(Licensed Embalmer's Statement on Reverse Side)

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, only
....., Registered Apprentice No.
working under my personal supervision.

Signed

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.