

ED NOV 18 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9822**

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

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 1344 Union Blvd
(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 Annie E. Tegethoff.

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

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

6. (b) Name of husband or wife Bernard J. Tegethoff. 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Nov. 21. 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>16</u>	____ hr. ____ min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business _____

MOTHER FATHER

12. Name Michael Mullen 4

13. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Mulranen

15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard J. Tegethoff.

(b) Address 1344 Union Blvd.

17. (a) Burial (b) Date thereof Nov. 10. 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles Dickhaus While at work 1431 Union Blvd.
(Specify type of place)

(b) Address NOV 9 1943 (c) J. Q. Bredet (e) Means of injury _____
(Date received local registrar) (Registrar's signature)

19. (a) _____ (b) _____ (c) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
 (c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1344 Union Blvd.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 7
 year 1943 hour 5 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct 19 1943 to Nov 7 1943
 that I last saw her alive on Nov 1 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Gen'l Carcinomatosis
Carcinoma - stomach 6 mo.

Due to _____
 Due to _____

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

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration
 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?

23. Signature Charles Rosenberger (M. D. or other) _____
 Address Metropolitan Bldg Date signed 11/9/43

DR ROSENBERG ER

7745 OLIVE ST Fea

4-7 PM DAILY

11-12 M.E.P.

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 J. Keller
Licensed Embalmer No. 3880
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.