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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8406

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 351

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 weeks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Mo. (b) County Jefferson 0

(c) City or town Maxville, Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1, Kimmswick, Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Frank Teifenbrunn

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Marguerite

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

7. Birth date of deceased February (Month) 22 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	11	17	hr. min.

9. Birthplace Jefferson County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

FATHER
12. Name Charles Tiefenbrunn
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Dolphie Ellington
15. Birthplace Unknown (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Elizabeth Kehrt
(b) Address 2002 St. Louis Ave St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11, 44 (Month) (Day) (Year)
(c) Place: burial or cremation Richardson Cem. Maxville, Mo.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) FEB 11 1944 (Date received local registrar) (b) E. G. McGauran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8
year 1944 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death From pneumonia contracted from injuries received when struck by an auto. on a public highway while a pedestrian.

Due to

Due to Bronchial pneumonia; Fractures of legs and ribs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes. 170 c 4

21

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) Accident. 0 50

(b) Date of occurrence Jan. 21, 1944

(c) Where did injury occur? Jefferson County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work (e) Means of injury 3

23. Signature H. S. Breyboyle Dep. Coroner (M. D. or other)

Address Kirkwood, Mo. 2-10-44 Date signed

(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, or by Louis C. Hoffmeister, Registered Apprentice No. _____, working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.