

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32273

State File No.

FILED SEP 16 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 7609

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
City Sanitarium *0*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2yrs. 6mos. 25ds.
(Specify whether in this community _____ years, months or days)

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. 5400 Arsenal St.
(If rural, give location)

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

3. (a) PRINT FULL NAME CLARENCE TEDLOW

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male *0* 5. Color or race White 6. (a) Single, widowed, married, divorced. Sgl. *0*

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

7. Birth date of deceased March 25 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	29	5	6	hr. _____ min.

9. Birthplace St. Louis Missouri *1*
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

12. Name not known *9*

13. Birthplace not known *9*
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Doan Tedlow

15. Birthplace not given Indiana *1*
(City, town, or county) (State or foreign country)

16. (a) Informant J. S. Slinger

(b) Address 5400 Arsenal St.

17. (a) Anatomical Board (b) Date thereof 9-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington V.

18. (a) Signature of funeral director W. J. [unclear]

(b) Address 3569 Rutledge

19. (a) SEP 9 1946 (Date received local registrar) *46* J. J. Breckel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1946 hour 1.35 minute a M.

21. I hereby certify that I attended the deceased from Feb. 7 to Sept. 1, 1946,
that I last saw him alive on Sept. 1, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Left Lobar Pneumonia *108* 5 ds.

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) (c) Means of injury.....

23. Signature R. Hopstaller (M. D. or other M.D.)

Address 5400 Arsenal Date signed 9/2/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

006
17
134
0

3-10-46

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.....

Licensed Embalmer No.....

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.