

No. 2
M-5-43
5-173
I 23687

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

FILED FEB 17 1947 318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis

(c) Name of hospital or institution Forest Old Park Home & Hotel
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution abt 5 yrs
(Specify whether in this community abt 32 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 917

(d) Street No. 1438 E Grand (If rural, give location) 9

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

3. (a) PRINT FULL NAME Shabsi TECKLIN

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

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: abt. 81 Years Months Days If less than one day _____ yr. _____ min.

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

10. Usual occupation retired

11. Industry or business hatter washer

12. Name Joseph Tecklin

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

14. Maiden name Bertha

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

16. (a) Informant Alfred Tecklin

(b) Address 515 1/2 Washington Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Church Kadista Cem

18. (a) Signature of funeral director H. J. ...

(b) Address 4469 Washington Blvd

19. (a) **FEB 6 1947** (Date received local registrar)

(b) H. J. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1947 hour 11:10 minute AM

21. I hereby certify that I attended the deceased from Apr 1, 1946 to Feb 6, 1947
that I last saw him alive on Feb 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Embolus
arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

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 Wm J. ... (M. D. or other) MD
Address 1918 1/2 ... Date signed _____

A

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.

Not embalmed

Signed.....

W. J. Handley

Licensed Embalmer No. *3669*

P. O. Address *446 S. Washington*

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.