

S. No. 2
M-5-43
5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19424
Registrar's No. 5440

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County Saint Louis Missouri
(b) City or town Saint Louis Missouri
(c) Name of hospital or institution: Saint Johns Hospital 0
(d) Length of stay: In hospital or institution 2 Days 6 hrs. 12 mins
In this community 2 Days 6 hrs. 12 mins

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(d) Street No. 5012 Durant 9
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME John Edward Teschner
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 INFANT
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 2 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 6 hr. 12 min.

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

10. Usual occupation.....

11. Industry or business.....
12. Name Charles Francis Teschner
13. Birthplace Saint Louis Missouri
14. Maiden name Mary Catherine Kiley
15. Birthplace Saint Louis Missouri

16. (a) Informant Mrs. Mary Teschner
(b) Address 5012 DURANT - ST. LOUIS - 15
17. (a) Funeral (b) Date thereof 6/2/47
(c) Place: burial or cremation Salway Cem.

18. (a) Signature of funeral director J. F. Brennan
(b) Address 2849 No. Euclid Ave.
19. (a) JUN 2 1947 (b) J. F. Brennan
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 31
year 1947 hour 7 minute 30 M.
21. I hereby certify that I attended the deceased from 5-29, 1947 to 5-31-47, 19.....
that I last saw him alive on 5-31-47, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Premature 7 months
Due to Eclampsia 7 months
Due to.....

Other conditions (Include pregnancy within 3 months of death) 159
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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature E. H. Bowdler (M. D. or other) MD
Address 634 N. Grand Date signed.....

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

MOTHER, FATHER

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

Robert L. Binkman
.....
Licensed Embalmer No. 3553.....

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.