S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 31947

Registration District No. 31947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 29995

Registrar's No. 1837

96
0
9

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8/24/47 to 8/27/47 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: St. Clair 999

(c) City or town: Belleville 11
(If outside city or town limits, write "RURAL")

(d) Street No.: 200 North Illinois 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME: TETZLAFF, Alex W.

3. (b) If veteran, name war: WW-1

3. (c) Social Security No.: Unknown

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Alice Tetzlaff

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: February (Month) 12 (Day) 1893 (Year)

8. AGE: Years 54 | Months 6 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace: Carlonville, (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation: Tavern Operator

11. Industry or business:

FATHER
12. Name: Alex Tetzlaff 4
13. Birthplace: (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name: Annie Schaare 4
15. Birthplace: (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Registrar
(b) Address: V.A.Hospital, Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Hill

18. (a) Signature of funeral director: Henner Lemmin Funeral Home
(b) Address: Belleville, Illinois

19. (a) 8-29-47 (Date received local registrar) (b) Beula J. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1947 hour 8:00 minute P.M.

21. I hereby certify that I attended the deceased from August 24, 1947 to August 27, 1947; that I last saw him alive on August 27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchogenic Carcinoma	
Due to: 47 c	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause of 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? (Specify type of place) 5
H. While at work? Means of injury

21. Signature: DAVID KAMINSKY, M.D. (M. D. or other)
Address: VAH, Jeff.Brks., Mo. Date signed 8/27/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1947

VS OCT 15 1959

SEP 15 1947

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 not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Geo. Renner.

Licensed Embalmer No. 2314

P. O. Address 120 N. Illinois Belleville

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.