

No. 2
12-45
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32270

FILED SEP 18 1947

State File No. _____

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 305

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 yrs. 8 mos. 2
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 94

(c) City or town Gerald
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME FRITZ WILLIAM TEGELER

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anne Sprick

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

7. Birth date of deceased: January 30, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 3 3 _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Fritz J. Tegeler

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Louise Frieselmeyer

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

16. (a) Informant Records State Hospital No. 41

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 5-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Cem., Gerald, Mo.

18. (a) Signature of funeral director Oltman Funeral Home

(b) Address Union, Missouri

19. (a) 9-9-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3, year 1947 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 23, 1947 19. to May 3, 1947 19. ; that I last saw h. 1M alive on May 3, 1947 19. ; and that death occurred on the date and hour stated above.

Immediate cause of death Intussusception Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No autopsy.

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) _____

(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 George H. Rogers (M. D. or other) M.D.

Address Farmington, Mo Date signed 5/7/47

RECEIVED

Health Officer No. 4

File Number 947-1183

Filed 9-16-47

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 *A. Cozart*

Licensed Embalmer No. 4084

P. O. Address Farmington, Mo.

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.