

FILED JUN 28 1948 **318**

State File No. _____

5449

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

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:
HOME 1418 TEMPLE PL. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 4.5 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 060
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 1418 Temple 9
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME HARRY TEGMAN

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MARY TEGMAN 6. (c) Age of husband or wife if alive ABOUT 50 years
 7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 65 hr. min.

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

10. Usual occupation CADANET MAKER

11. Industry or business FURNITURE

12. Name ZEV (VELVILLE) TEGMAN
 13. Birthplace RUSSIA
(City, town, or county) (State or foreign country)
 14. Maiden name UDDA ?
 15. Birthplace RUSSIA
(City, town, or county) (State or foreign country)

16. (a) Informant Masha Tegman
 (b) Address 1379 Clark Ave.

17. (a) Burial (b) Date thereof 6-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel Shel Smith Overhauled

18. (a) Signature of funeral director _____

(b) Address 5010 E. 9th St.

19. (a) JUN 16 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
 year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis
 Duration _____
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of 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) (Means of injury)

23. Signature Alfred J. [Signature] (M. D. or other) _____

Address [Signature] Date signed 6/16/48

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

823

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 W. Z. Overlander

Licensed Embalmer No. 3669

P. O. Address 5010 Enright

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.