

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10717
2137

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY				a. STATE Mo.		b. COUNTY Mad	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 BLACKSTONE AVE.				d. STREET ADDRESS (If rural, give location) 1220 BLACKSTONE AVE. 0			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) MARGARET			b. (Middle) TEETER			c. (Last) TEETER	
(Type or Print)			Month Mar. Day 5th Year 1949			FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JANUARY 17th 1863		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS, Mo. 0		12. COUNTRY OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME HUBH T. Mc. QUOID			13b. MOTHER'S MAIDEN NAME FANNIE E. ARNOLD			14. NAME OF HUSBAND OR WIFE LATE SAMUEL TEETER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. BESSIE YOUNG, 1220 BLACKSTONE AVE.		
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Interstitial Nephritis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH 3 years			
ANTECEDENT CAUSES				DUE TO (b) 131			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) 590 X			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 2 , 1946, to Mar 4 , 1949, that I last saw the deceased alive on Mar 4th , 1949, and that death occurred at 4:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Rueh Turner			23b. ADDRESS (Degree or title) O.M.D. 1251 Blackstone St. (12) Mo.			23c. DATE SIGNED Mar 7-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-8-48		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., Mo.	
DATE REC'D BY LOCAL REG. MAR 8 1949		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ, 4828 NATL. BRIDGE RD.		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed John A. Minier

Signed.....

Student Embalmer

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.