

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22071

State File No. ....

FILED JUL 13 1950

5752

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <u>City</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (In this place) <u>16 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>San Francisco</u>			<u>8049</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Clara</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Tegtmeier</u>		
							4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1950</u>		
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 11, 1874</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 MTH. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Vermont</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ford</u>			13b. MOTHER'S MAIDEN NAME <u>Putnam</u>			14. NAME OF HUSBAND OR WIFE <u>L. G. Tegtmeier</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. G. Tegtmeier</u>				ADDRESS <u>Campbell Hill, Ill.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage Cerebral (Subdural)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis general?</u> DUE TO (c) <u>Hypertension, arterial?</u> II. OTHER SIGNIFICANT CONDITIONS <u>Hypertensive Heart Disease</u> CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH						INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>					
22. I hereby certify that I attended the deceased from <u>6-16, 1950</u> , to <u>7-2, 1950</u> , that I last saw the deceased alive on <u>7-2, 1950</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C. Rush McAdams M.D.</u>				23b. ADDRESS <u>906 Olive St. Louis</u>			23c. DATE SIGNED <u>7-3-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>		24b. DATE <u>July 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL <u>JUL 3 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvan...</u>				ADDRESS <u>6175 Delmar Blvd. St. Louis</u>

(Licensed Embalmer's Statement on Reverse Side)

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

7  
Dr. C. R. McAdams  
Frisco Bldg.  
Ga. 0198

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*Yes E Mc Cullock*

Licensed Embalmer No. *24100*

P. O. Address *S.F.P.*

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.