

FILED OCT 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33485
Registrar's No. 8555

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1252 Sells Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Leo</u> c. (Last) <u>Teckenbrock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 30, 1889</u>
9. AGE (In years last birthday) <u>62</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. R. R.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Train Master</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Theodore Teckenbrock</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Mc Laughlin</u>	
14. NAME OF HUSBAND OR WIFE <u>Agnes Teckenbrock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>702-14-5829</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Agnes Teckenbrock</u>		ADDRESS <u>1252 Sells Ave.</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>Adenocarcinoma of Rectum with metastasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>5/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of rectum</u>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>154X</u>			
22. I hereby certify that I attended the deceased from <u>8/27</u> , 19 <u>52</u> , to <u>9/11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/10</u> , 19 <u>52</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John T. Vandover M.D.</u>		23b. ADDRESS <u>1504 So Grand</u>	
23c. DATE SIGNED <u>9/11/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-13-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>SEP 12 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Smart</u>		ADDRESS <u>1225 Union</u>	

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

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.

Student

Student Embalmer

Signed

J. Wm Binkley

Licensed Embalmer No.

3653

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.