.S. No. 300
Rev. 10-48

FILED JUN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23357

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 1684

400 4 4

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAPLEWOOD
c. LENGTH OF STAY (in this place): 4 1/2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAPLEWOOD NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: MAPLEWOOD
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 7801 FOLK AVE. 4524

3. NAME OF DECEASED (Type or Print)
a. (First): KATE
b. (Middle):
c. (Last): TEHAN (TeeHAN)

4. DATE OF DEATH (Month) (Day) (Year): JUNE 16 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JAN. 11, 1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and State or Foreign Country): IRELAND 4
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: MARTIN TEHAN
13b. MOTHER'S MAIDEN NAME: WINIFRED LEONARD
14. NAME OF HUSBAND OR WIFE: — None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: WINIFRED RODGERS — ADDRESS: 7801 FOLK AV MAPLEWOOD Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia, atypical left — INTERVAL BETWEEN ONSET AND DEATH: 26 days

ANTECEDENT CAUSES
Morbid 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.: Arteriosclerosis general — estimated 15 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 492X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 9, 1949, *to* June 16, 1953, *that I last saw the deceased alive on* June 14, 1953, *and that death occurred at* 7:22 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C H Bockelman M.D.
23b. ADDRESS: 2615 Brentwood Blvd
23c. DATE SIGNED: June 17, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 18, 1953
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEM
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO-

DATE REC'D BY LOCAL REG.: 6-17-53
REGISTRAR'S SIGNATURE: Herbert R. Domb-NB
25. FUNERAL DIRECTOR'S SIGNATURE: B J Croghan — ADDRESS: 7146 MANCHESTER AV. ST. LOUIS 17 MO-

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.