

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37647**

74863
FILED OCT 23 1953

318

PRIMARY REG. DIST. NO. **1003** Registrar's No. **9603**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 8 hrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		d. STREET ADDRESS (If rural, give location) 16 4030 Fairveiw	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) John		(Month) (Day) (Year) oct 6 53	
b. (Middle) Ferdinand			
c. (Last) Tentschert			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH oct 6 1953
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Mins. 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Allen Tentschert		13b. MOTHER'S MAIDEN NAME Adele Steingrubey	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. INFORMANT'S SIGNATURE OR NAME Allen Tentschert		ADDRESS 4030 Fairveiw	
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) Premature baby-6 1/2 months		INTERVAL BETWEEN ONSET AND DEATH 10 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Partial separation of placenta (maternal cause)		10 hours	
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	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) 7615	
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?	
22. I hereby certify that I attended the deceased from 10-6, 1953 , to 10-6, 1953 , that I last saw the deceased alive on 10-6, 1953 , and that death occurred at 10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS 3739 Gravois, St. Louis, Mo.	
23c. DATE SIGNED 10-7-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Oct 8/53	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. OCT 7 1953	REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Schumacher Und. Co 3013 Meramec

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

Eber Swenson
3739 Grams

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

Jack H. H. H.

Licensed Embalmer No. _____

P. O. Address _____

4746
St. Paul, Minn.

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.