

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44060

State File No.

BIRTH NO. 93526-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11082

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 <u>TOWN St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3046 Rolla Place</u> <u>2109</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alexander William</u> b. (Middle) <u>Tecklenburg</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 23, 1954</u>	9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days <u>10</u>	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Wm. Tecklenburg</u>			13b. MOTHER'S MAIDEN NAME <u>Jeannie Russell Tecklenburg</u>		14. NAME OF HUSBAND OR WIFE <u>-----</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 ADDRESS <u>Wm. Tecklenburg, 3046 Rolla Place</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diaphragmatic Hernia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7592</u>			
22. I hereby certify that I attended the deceased from <u>Nov 23, 1954</u> , to <u>Dec 3, 1954</u> , that I last saw the deceased alive on <u>Dec 3, 1954</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. H. Rohlfing M.D.</u>			23b. ADDRESS <u>8230 Forsyth Pl. Clayton St.</u>			23c. DATE SIGNED <u>Dec 24 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 6 1954</u>		REGISTRAR'S SIGNATURE <u>J. Cash Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Moore</u>		ADDRESS <u>15195 Grand Blvd.</u>	

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 Not Embalmed....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas J. Kerner.....
Licensed Embalmer No.....

P. O. Address

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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.