

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44244

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2956

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>	c. LENGTH OF STAY (In this place) <u>5 mos</u>	c. CITY OR TOWN <u>OVERLAND</u> ST. LOUIS	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>9217 Meadowbrook Lane</u>		e. STREET ADDRESS (If rural, give location) <u>9217 Meadowbrook Lane</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u>	b. (Middle) <u>H</u>	c. (Last) <u>Tebeler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12/22/54</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>JAN 2, 1890</u>
9. AGE (In years last birthday) <u>64</u>	if UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	if UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAB DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CAB</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MORRISON, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Theodore Tebeler</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Deppe</u>	14. NAME OF HUSBAND OR WIFE <u>MARY Tebeler</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>Theodore Tebeler, 9509 Sequoia Drive</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		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Coronary thrombosis</u>	
		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 <u>4201</u>	20. AUTOPSY? YES <input 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?
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22. I hereby certify that I attended the deceased from 2/12/52, 1952, to 12/22/54, 1954, that I last saw the deceased alive on 12/12/53, 1953, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gust Knapp</u>	(Degree or title) <u>Do.</u>	23b. ADDRESS <u>4991 Thrush Ave</u>	23c. DATE SIGNED <u>12/23/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 24, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY</u>

DATE RECD BY LOCAL REG. <u>12-23-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dunk</u>	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed Bull-Campbell, 5165 Adams St. Louis</u>
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520 (Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *R. E. Campbell*.....

Licensed Embalmer No. *388*.....

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