XC-590 628
REG. A-437
FILED JUN 22 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023759
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1636

1. PLACE OF DEATH a. COUNTY ST. LOUIS	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) JEFFERSON BARRACKS, MO. Inside Limits Yes ☐ No ☒	c. CITY OR TOWN 212 WACHTEL 4860 Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VET. ADM. HOSPITAL Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location) LEMAY Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HENRY Middle Last TEBBE		4. DATE OF DEATH Month Day Year 6-16-59	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH 5-6-94
9. AGE (In years last birthday) 65	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) TAVERN OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY TAVERN	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HENRY TEBBE	13b. MOTHER'S MAIDEN NAME BARBARA KRECHEL	14. NAME OF HUSBAND OR WIFE ROSE TEBBE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-1	16. SOCIAL SECURITY NO. none	17. INFORMANT Address VA HOSPITAL RECORDS, JEFF BRKS. 25, MO.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) INTRACAPILLARY GLOMERULOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH Approximately 3 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DIABETES MELLITUS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTERIOSCLEROTIC HEART DISEASE 260X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 6-15-59, to 6-16-59 and XXXXXXXXXXXXXXXXXXXX

Death occurred at 11:45 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. B. Neukom (Degree or title) G. Neukom, Acting Dir. Prof. Services,	22b. ADDRESS VA HOSP. JEFF. BRKS. MO.	22c. DATE SIGNED 6-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/20/59	23c. NAME OF CEMETERY OR CREMATORY Mount Hope
23d. LOCATION (City, town, or county) (State) Lemay 25, Mo.		
24. FUNERAL DIRECTOR ADDRESS Fendler Und. Co., 7420 Michigan	25. DATE RECD. BY LOCAL REG. 6-18-59	26. REGISTRAR'S SIGNATURE John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed W. E. Peterson

Licensed Embalmer No. 376

P. O. Address 7420 Mic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.