

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-004194
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **228**

FILED JAN 16 1963

VS 300
Rev. 4/59

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4 *0*
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 17 days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <i>(If outside city location)</i> 4111 HARTFORD				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Fred Middle Eckhart Last Teepe						4. DATE OF DEATH Month 1 Day 7 Year 63					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-19-1880		9. AGE (last birthday) 82		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER (retired)				10b. KIND OF BUSINESS OR INDUSTRY ANHEUSER BUSCH		11. BIRTHPLACE (City and state or country) Mo., ST. LOUIS		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Ernst TEEPE				13b. MOTHER'S MAIDEN NAME Elizabeth (LAST NAME NOT KNOWN)				14. NAME OF HUSBAND OR WIFE Lillian TEEPE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates) NO				16. SOCIAL SECURITY NO. 775		17. INFORMANT KNOWN Address MRS. LILLIE TEEPE- 4111 HARTFORD					
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease										INTERVAL BETWEEN ONSET AND DEATH 4 years	
DUE TO (b) generalized arteriosclerosis										5 years	
DUE TO (c) 420.0											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Amputation, right thigh, post-embolus										PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from 12-20-62 to 1-7-63 and last saw her/him alive on 1-7-63						Death occurred at 12:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>M. J. Fingerhood</i> (Degree or title) M.D.						22b. ADDRESS 5600 Arsenal Street			22c. DATE SIGNED 1-7-63		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 1-10-63		23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		23d. LOCATION (City, town, or county) ST. LOUIS COUNTY, MO.		(State)			
24. GENERAL REGISTRAR ADDRESS HOPPELISTER COLONIAL - 6987 CHIPPENAW ST. LOUIS E. O'C.				25. DATE RECD. BY LOCAL REG. JAN 8 1963		26. REGISTRAR'S SIGNATURE <i>Joan Smith, M.D.</i>					

REMOVAL

HOPPELISTER COLONIAL - 6987 CHIPPENAW ST. LOUIS E. O'C.

JAN 8 1963

REGISTRAR'S SIGNATURE
Joan Smith, M.D.

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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 L. C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo

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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.

AMERICAN SOCIETY OF EMBALMERS