

## CERTIFICATE OF DEATH

124

71 0004739

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 212VS 300  
Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <b>CAROLINE</b>		<b>A.</b>		<b>TEBEAU</b>	7. <b>Female</b>	<b>January 13, 1971</b>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <b>White</b>		3a. <b>94</b>	3b. <b>94</b>	3c. <b>94</b>	5. <b>Sept. 23, 1876</b>		7a. <b>St. Louis</b>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <b>Wellston</b>		7c. <b>Yes</b>		7d. <b>Rockwood Manor Nursing Home</b>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <b>Missouri</b>		9. <b>USA</b>		10. <b>Widowed</b>		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <b>None</b>		13a. <b>Housewife</b>		13b. <b>At Home</b>			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. <b>Missouri</b>		14b. <b>St. Louis</b>	14c. <b>Wellston</b>		14d. <b>Yes</b>	14e. <b>6411 Spencer Pl.</b>	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. <b>Leonard</b>				<b>Kaiser</b>	16. <b>Anna Henemann</b>		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17. <b>Edison Spencer</b>		17b. <b>6411 Spencer Pl. Wellston, Mo.</b>					

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
18. IMMEDIATE CAUSE													
(a) <b>CARDIAC ARREST</b>				<b>MINUTES</b>									
DUE TO, OR AS A CONSEQUENCE OF:													
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		<b>YEARS</b>									
		(c) <b>GENERALIZED ARTERIOSCLEROSIS</b>		<b>YEARS</b>									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH									
		19a. <b>No</b>		19b.									
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)										
20a.	20b.	20c.	20d.										
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS										
20e.	20f.	20g.	20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.										
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	DATE	DEATH OCCURRED	AT THE PLACE, ON THE	DATE, AND, TO THE BEST	OF MY KNOWLEDGE, DUE	TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM	<b>7</b>	<b>-1-</b>	<b>67</b>	<b>TO</b>	<b>Jan. 13, 1971</b>	<b>21b.</b>	<b>11</b>	<b>71</b>	<b>21c.</b>	<b>10:30</b>	<b>21d.</b>	<b>Not</b>	<b>21e.</b>
CERTIFICATION—MEDICAL EXAMINER OR CORONER; ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH		DAY	YEAR	HOUR			
22a.		22b.		22c.		22d.		22e.		22f.		22g.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		TITLE		DATE SIGNED (MONTH, DAY, YEAR)							
23a. <b>Hugo Stierholz</b>		23b. <b>Hugo Stierholz</b>		23c. <b>Dr. Hugo Stierholz</b>		23d. <b>Jan. 14, 1971</b>							
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP					
23a. <b>6375 HADDEN WAY</b>		23b. <b>FRORISSMAN</b>		23c. <b>MO</b>		23d. <b>63133</b>							
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE					
24a. <b>Burial</b>		24b. <b>Zion Cemetery</b>		24c. <b>St. Louis County, Missouri</b>		24d. <b>St. Louis County, Missouri</b>		24e. <b>St. Louis County, Missouri</b>					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		CITY OR TOWN		STATE		ZIP					
24a. <b>Jan. 16, 1971</b>		24b. <b>Clark F.H. 7400 Page Blvd. St. Louis, Mo. 63133</b>		24c. <b>St. Louis, Mo. 63133</b>		24d. <b>St. Louis, Mo. 63133</b>		24e. <b>St. Louis, Mo. 63133</b>					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR									
25a. <b>Wm. M. M. M.</b>		25b. <b>John B. Murphy, M.D.</b>		25c. <b>JAN 15 1971</b>									

BURIAL

DO NOT WRITE  
ON THIS STUB

9. 1

10a. 94

10b. 4.4043

11. 0

12. 2

13. 4123

14. 6.4043

15. 4

16. 0

17. 0

18. 0

19. CREDITS

20.

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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 *Fred J. Hammer*

Licensed Embalmer No. 4788

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.