REG'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27720

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 7220

1. PLACE OF DEATH

County ST. Louis

Township

City ST Louis Mo. (No. BARNARD HOSPITAL St. Ward) 250

2. FULL NAME Edgar Tesson

(a) Residence, No. 1524 Wagoner St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
M	W	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARY TESSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/30/03

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MERCHANTS Ice Co.

10. Date deceased last worked at this occupation (month and year) Aug. 1939

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo 0

FATHER

13. NAME Frand Tesson 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. Louis, Mo 0

MOTHER

15. MAIDEN NAME Nettie Laramie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST Louis, Mo.

17. INFORMANT Mary Tesson
(ADDRESS) 1524 Wagoner Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE 8-21-39, 19

19. UNDERTAKER Sullen & Kelly
(ADDRESS) 1416 N. Taylor

20. FILED AUG 20 1939 J. B. Buchek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/10, 1939, to 8/18, 1939

I last saw him alive on 8/18, 1939 Death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8/16/39
Other contributory causes of importance: Carcinoma of Tongue	7/10/39

Name of operation Excision of Tongue Date of 8/15/39

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William H. Gray, M. D.

(Address) Barnard Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X7294

Body Embalmed by

Clement McNeary
Mo. Lic. # 3732
St. Louis.