

FILLED JUN 11 1941

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

17787
Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
 (b) Township _____ Primary Registration District No. 4182 Registered No. _____
 (c) City Hermann (d) Street No. 118 W. Fourth St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM LOUIS TESSON

(a) Residence, No. 118 W. Fourth St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Tesson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) April, 1937 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portage De Sioux, Missouri

FATHER 13. NAME Isador Tesson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown Marian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT V. J. Tesson, Sr.
 (ADDRESS) Hermann, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Removal DATE May 14, 1941
Portage De Sioux

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hugo H. Blumer
Hermann, Missouri

20. FILED 5-14- 1941 Anna R. Riedly
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1941

22. I HEREBY CERTIFY That I attended deceased from May 12, 1941, to May 13, 1941.
 I last saw him alive on May 12, 1941. Death is said to have occurred on the date stated above, at 4:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 5-12-41

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) J. H. Keasling M. D.

(Address) Hermann, Mo

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

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.

1 X16905

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.....
.....
working under my personal supervision.

Registered Apprentice No.....
Signed..... *Hugh H. Blum*.....

Licensed Embalmer No. 3160.....

P. O. Address Hermann, Missouri.....

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 this body is not embalmed, above space should be left blank.