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DEPARTMENT OF COMMERCE
Bureau of Vital Statistics

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23291

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5643

1.-PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week (Specify whether years, months or days)
In this community LIFE 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5830 Cates Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THOMAS B. TEASDALE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rebecca M. Teasdale

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased April (Month) 7 (Day) 1862 (Year)

8. AGE: Years 79 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired President

11. Industry or business James H. Teasdale Company

FATHER
12. Name James H. Teasdale
13. Birthplace unknown (City, town, or county) New Jersey (State or foreign country)

MOTHER
14. Maiden name Lucy Waller
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs Rebecca M. Teasdale
(b) Address 5830 Cates Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/9/1941. (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois.

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., St. Louis, Mo.

19. (a) JUL 8 1941 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day July year 1941 hour 8 minute 10 P.M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia; Fractured ribs; Fractured Femur & Fractured Mandible; when the automobile that he was driving jumped the curb and struck a tree in the 5500 block of Clemens Ave., about 4:45 o'clock P.M. June 3, 1941

Due to

Due to

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 3, 1941
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Pbulic Place (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 7/8/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 30 1942
AUG 22 1944

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.