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

5964

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7013

Registration District No. 377 Primary Registration District No. 3069 Registrar's No. 286

1. PLACE OF DEATH

(a) County St Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Mary Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis 16

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. # 3 Pettman Pl 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Helen Tesson

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept (Month) 22 (Day) 1890 (Year)

8. AGE: Years 55 Months 4 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name James Tesson
13. Birthplace Sappington (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Ashley
15. Birthplace Kirkwood (City, town, or county) Mo (State or foreign country)

16. (a) Informant David Tesson
(b) Address # 3 Pettman Pl Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Louis H Bopp Jr
(b) Address Kirkwood Mo

19. (a) 2-5-46 (Date received local registrar) (b) E B McGovern M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Mar 1, 1945, to Feb 1, 1946
that I last saw her alive on Jan 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary infarction	4 weeks
Due to Myocardial failure	
Due to Hypertens. Cardio Vasc. Disease 939	3 yrs?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy As above

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) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature A Kinsella (M. D. or other)
Address 3720 Washington Date signed 2/2/46

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1946

MAR 19 1946

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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 this body is not embalmed, fact should be so stated above.