

S. No. 2
M-543
v. 5-17-39
I X36671

29994

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1678

FILED AUG 16 1947

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Utz Lane & Lindberg
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. Utz Lane, Florissant, Mo.
(If rural, give location)

(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Gregory F. Teson

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Esther Rosner

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased July 24 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84	0	13	hr. _____ min.
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9. Birthplace Florissant Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Agriculture

12. Name Francis Teser

13. Birthplace Florissant, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Victoria Perry

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. L. Teson

(b) Address Florissant, Missouri

17. (a) Burial (b) Date thereof 8/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) 8-11-47 (b) Carla [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6 year 1947 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 29, 1947 to Aug 6, 1947 that I last saw him alive on Aug 5 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart Disease
Chronic Vasculopathy
Arteriosclerosis and infirmity of age

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration 6 Months

Major findings: 131A

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) _____

(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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature [Signature] (M. D. or other)

Address 6677 Delmar Blvd Date signed Aug 8, 1947

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

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 R. M. White

Licensed Embalmer No. 3975

P. O. Address Jerguson, 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.