

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1949

State File No.

318

1003

5698

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 15 - 5200-S-37th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5200-S-37th Street							
3. NAME OF DECEASED (Type or Print) Mary		a. (First)		b. (Middle) ELIZABETH		c. (Last) Teague	
4. DATE OF DEATH June 30 1949		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH June 7, 1867		9. AGE (in years last birthday) 82	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	
11. BIRTHPLACE (State or foreign country) Chamois, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William James		13b. MOTHER'S MAIDEN NAME Virginia Green		14. NAME OF HUSBAND OR WIFE William - Divorced			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME 5200-S-37th Street St. Louis, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Distal Squamous Carcinoma & Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Remilidity				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION NO		19b. MAJOR FINDINGS OF OPERATION NO				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 92			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H300			
I hereby certify that I attended the deceased from 5/6 1949 , to 6/30 1949 , that I last saw the deceased alive on 6/28 1949 , and that death occurred at 15 - 37th St. , from the causes and on the date stated above.							
23a. SIGNATURE Paul J. Blaser				23b. ADDRESS 3919 1/2 Pleasant		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-2-1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Normandy, Mo.	
DATE REC'D BY LOCAL REG. JUL 1 1949		REGISTRAR'S SIGNATURE J. B. Blaser		25. FUNERAL DIRECTOR'S SIGNATURE William B. Blaser, Inc.		ADDRESS 2501 - Woodson Rd - Overland - 11 - Mo.	

WRITE PLAINLY—USING 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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Orlando 14, Fla

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.

app. 9229
21766.09

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
City of St. Louis } ss.

State File No. _____
Local Registrar's No. 5698

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11th day of July, 1949, before me appears _____

Percival C. Cox, who, upon his oath, states that the original record of ^{birth}~~death~~

for Mary Elizabeth Teague ^{died}~~born~~ June 30th, 1949 in the State of Missouri, and which was filed at St. Louis, Mo. on July 11, 1949, should be corrected as follows:

Item No. 3 should read Mary Elizabeth Teague

Instead of _____ Mary Emma Teague

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Percival C. Cox
Relationship Informant

5200 S. 37th St., St. Louis (16)
Present Address. Mo.

Pauly

Subscribed and sworn to before me this 11th day of July, 1949.

My Commission expires 3-4-53 Ben C. Padden Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

