No. 300
10.48

3

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3397

State File No.

FILED FEB 14 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0961

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Enroute City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2129
d. STREET ADDRESS (If rural, give location) 4917 Mc Pherson 0 12

3. NAME OF DECEASED (Type or Print)
a. (First) Forrest
b. (Middle) R.
c. (Last) Teasley

4. DATE OF DEATH (Month) (Day) (Year) Jan 30 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Nov 8. 1911 1
9. AGE (In years last birthday) 40 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Grinder
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Alton Illinois 1
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME White Teasley
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Elsie Teasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk
17. INFORMANT'S SIGNATURE OR NAME Elsie Teasley **ADDRESS** 4917 Mc Pherson

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIAL HYPERTENSIVE HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 1 YR
CORONARY THROMBOSIS — 15 MIN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) DIABETES MELLITUS — UNKNOWN
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CH. INTERSTIAL NEPHRITIS — UNKNOWN.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

Led X

22. *I hereby certify that I attended the deceased from* JAN. 15, 1952, *to* JAN. 30, 1952, *that I last saw the deceased alive on* JAN. 15, 1952, *and that death occurred at* 12:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE James H. Cummings **(Degree or title)** M.D.
23b. ADDRESS 424 N. Euclid Av
23c. DATE SIGNED 1-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 11
24b. DATE 2-2-52
24c. NAME OF CEMETERY OR CREMATORY Lake Charles
24d. LOCATION (City, town, or county) St. Louis County (State)

DATE REC'D BY LOCAL REG. JAN 31 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
m JB

25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe **ADDRESS** 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1954

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.

Student Embalmer No.....

Signed John J. Haines

Signed.....
Student Embalmer

Licensed Embalmer No. 408

P. O. Address St Louis, 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.