

FILED JAN 12 1956

STANDARD CERTIFICATE OF DEATH

State File No. 43076

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3053

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. CITY OR TOWN Lemay 4850	
c. LENGTH OF STAY (In this place) 4 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION NO 25 Mel Nor La		e. STREET ADDRESS (If rural, give location) NO 25 Mel Nor La	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Joseph	c. (Last) Tesson	4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1955
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5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 21st 1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 6 Days 4	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Brewer	10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery	11. BIRTHPLACE (City and State or Foreign Country) St Louis Co, Mo	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME John Tesson	13b. MOTHER'S MAIDEN NAME Anna Thomas	14. NAME OF WIFE Amelia Tesson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO None	16. SOCIAL SECURITY NO. 488-10-2127	17. INFORMANT'S SIGNATURE OR NAME Mrs Amelia Tesson	ADDRESS NO 25 Mel Nor La Lemay, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cirrhosis of Liver</i>		INTERVAL BETWEEN ONSET AND DEATH 3 mo +
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) <i>Arteriosclerosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		lyr +	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 5810
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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?
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22. I hereby certify that I attended the deceased from 9/12, 1955, to 12/25, 1955, that I last saw the deceased alive on 12/23, 1955, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Arthur J. Smith, M.D.</i> (Degree or title)	23b. ADDRESS 5203 Cluffe Ave	23c. DATE SIGNED 12/27/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 28 1955	24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cem.	24d. LOCATION (City, town, or county) (State) Lemay, Mo.
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DATE REC'D BY LOCAL REG. 12-27-55	REGISTRAR'S SIGNATURE Herbert R. Dombro, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Fey Funeral Home	ADDRESS Mehlville, Mo.
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Dr. (Licensed Embalmer's Statement on Reverse Side)

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~~, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer R. Radwell*

Licensed Embalmer No. *407*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.