

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10357**

FILED APR 4 - 1956

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6073</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois Co.</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BonneTerre Mo. Rout One</u> c. LENGTH OF STAY (In this place) <u>Rural- Perry Twp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> c. CITY OR TOWN <u>Bonne Terre</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>RFD#1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Edward</u> c. (Last) <u>Tesreau</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 26, 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 14 1877</u>		9. AGE (In years last birthday) Months Days <u>79 2 12</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>House Carpenter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MineLamotte Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Madison Co.</u>			
13a. FATHER'S NAME <u>William Tesreau</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie Mathas</u>		14. NAME OF HUSBAND OR WIFE <u>Boronica Padberg</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wife Boronica Tesreau Rout I</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <u>Decompensated cor Pulmonale (Congestive Failure)</u> ANTECEDENT CAUSES DUE TO (b) <u>Advanced Pulmonary Emphysema</u> DUE TO (c) <u>Chronic bronchiectasis</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>2 months</u> <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>526x</u>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Feb. 5, 1956</u> , to <u>Mar. 26, 1956</u> , that I last saw the deceased alive on <u>Mar. 26, 1956</u> , and that death occurred at <u>3:45 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D. O.</u>				23b. ADDRESS <u>Leadwood, Missouri</u>		23c. DATE SIGNED <u>Mar. 28/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>BonneTerre Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 28, 1956</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks Funeral Home</u>		ADDRESS <u>BonneTerre MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1958

APR 24 1958

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..... *Bruce A. [Signature]*

Licensed Embalmer No. *42*

P. O. Address *Bonnie*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.