

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42687

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11181

S. 300
- 1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Altenheim</u>			Length of stay in lb		d. STREET ADDRESS <u>5408 S Bdway</u>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Helen Teasdale</u>				4. DATE OF DEATH <u>11/21/57</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12/29/1877</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Phillip Teasdale</u>			13b. MOTHER'S MAIDEN NAME <u>Princella Thompson</u>			14. NAME OF HUSBAND OR WIFE <u>Robinson D Teasdale</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>St. Louis Altenheim 5408 S Bdway</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 Mo 23 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arterio sclerosis heart disease</u>							?		
DUE TO (c) <u>generalized arterio sclerosis</u>							?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), (b), or (c). <u>None</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>						
20c. TIME OF INJURY Hour a.m. p.m.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis</u>			20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>			COUNTY <u>Mo</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>Aug 1 1957</u> to <u>Nov 21</u> and last saw her alive on <u>Nov 20 1957</u> Death occurred at <u>10 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Max Stauffhoff MD</u>				(Degree or title) <u>MD</u>		22b. ADDRESS <u>512 Olive Place</u>		22c. DATE SIGNED <u>11/21/57</u>	
23a. BURIAL, CREMATION, REBURYAL (Specify) <u>Burial</u>			23b. DATE <u>11/22/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Mo</u>		
24. FUNERAL DIRECTOR <u>Edward Fendler 5611 South Grand Blvd.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>NOV 22 57</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Adley A. Jaeller Jr*

Licensed Embalmer No. *4950*

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.