

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21013

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City..... **St. Louis, Mo.**

(No. **4030g N. Broadway**)

File No.....

Registered No.....

5843

St. .... Ward)

**2. FULL NAME** **Betty Lou Teasdale**

(a) Residence. No. **4030g N. Broadway** St., **26** Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **August 1, 1927**

7. AGE YEARS **2** MONTHS **10** DAYS **15** If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Nil**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri.**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Vincent Teasdale**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Manchester, England**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Margaret Frank**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis, Missouri.**  
(STATE OR COUNTRY)

14. INFORMANT **Vincent Teasdale**  
(Address) **4030g N. Broadway**

15. **JUN 17 1930** FILED **Dr. C. Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 16, 1930**

*No physician in attendance*  
I HEREBY CERTIFY, That I attended deceased from .....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at **5:30 A.**.....m.

157D THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**158**  
*Transition*  
*Congenital stricture of Esophagus.* (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY) **1100** (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) **Wm V Dyer** M.D.

**6/17**, 19**30** (Address) **Coverton**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **SS. Peter & Paul**

DATE OF BURIAL **June 18, 30.**  
19

20. UNDERTAKER **Wacker-Heldahl**  
ADDRESS **2331 S. Brdwy.**

WRITE PLAINLY, WITH ENCODING INK--THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

