

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

Do not use this space.

6714

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. _____
City St. Louis (No. 3823 - Innata)

File No. _____
Registered No. 1790
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3823 - Innata St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Teason
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 - 1849
7. AGE YEARS 82 MONTHS 8 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Mo

MOTHER / FATHER 13. NAME Unknown, Peria

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Mo

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florissant Mo

17. INFORMANT (ADDRESS) Mrs. J. A. Gazzo
3823 Innata St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 25 32

19. UNDERTAKER (ADDRESS) Wagner-Kalderle
2331 St. Charles

20. FILED Feb 24 1932 Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932 to Feb 7 3rd 1932
(I last saw her alive on Feb 2 3rd 1932 Death is said to have occurred on the date stated above, at 9:50 a.m.)

The principal cause of death and related causes of importance were as follows:
Acute La Grippe
Chronic Arterio Sclerosis
Chl. Endocarditis
92A 11A 1107A
Other contributory causes of importance:
Broncho Pneumonia

Date of onset 2/10/32
Signs 8 days
Symptoms 5 days

Name of operation None Date of _____
What test confirmed diagnosis? Phys Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Res. Steyer, M. D.
(Address) 3606 Grandview

N. 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.

