

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

Do not use this space.

2390

PLACE OF DEATH

County St. Louis

Township St. Ferdinand

City (No. Taney Ave)

Registration District No. 333 7 160 50

Primary Registration District No. 4468

File No. _____

Registered No. 25

St. _____ Ward _____

2. FULL NAME Elizabeth Teason

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

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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23rd 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22nd 1934, to Jan. 23rd 1934, 1934. I last saw her alive on Jan. 22nd 1934. Death is said to have occurred on the date stated above, at 9:00 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1866

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 — — —

cerebral hemorrhage 1.22.34

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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 _____

Other contributory causes of importance Arterio-sclerosis 1.22.33

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

13. NAME Joseph Stepp 6

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Marie Teason
(ADDRESS) 754 Westgate 6

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Ferdinand DATE Jan 25 1934

19. UNDERTAKER Arthur J. Romack
(ADDRESS) 3440 Lindess Ave

20. FILED Jan 24 1934 H. A. Zeidler Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) H. F. G. M. J., M. D.
(Address) Pattonville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1934

25.50

St. Helena R.

Ma.

103 Walnut Ave

Ferguson, Mo.

Dr. W. A. Zettler

2554 Hard.