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.

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

AUG 25 1936

Do not use this space.

File No. 27890

Registered No. 73

1. PLACE OF DEATH

County: St. Louis — Registration District No. 788

Township: Coronado — Primary Registration District No. 4421

City: Glendale (No. Big Bend Road St. Ward)

2. FULL NAME PAULINE BOSSERT TEALE

(a) Residence, No. Bethesda Old Folks Home St. Ward. KIRKWOOD, MO (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 21 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	9	18	

OCCUPATION

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

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) STUTTGART, GERMANY

FATHER

13. NAME BOSSERT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STUTTGART GERMANY

MOTHER

15. MAIDEN NAME ~~SHIRL~~ SHIRLEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALSACE LORRAINE FRANCE

17. INFORMANT Mrs Frances Noble (ADDRESS) 315 N. Rock Hill Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mosby PLACE Herine, Mo. DATE 7-11-1936

19. UNDERTAKER Fred M. Williams (ADDRESS) 4535 Washington

20. FILED 7-10, 1936 Jules R. Yorg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to July 9th, 1936, last saw her alive on June 9, 1936. Death is said to have occurred on the date stated above, at 4 A.m.

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

	Date of onset
Arteriosclerosis	
Atrophic Arthritis	
Chr. Myocarditis	
Senility. Invalid 4 yrs.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) C. Clayton Gaugh, M. D.

(Address) 16 N. 20 Hodiamont Ave

Mullanphy Hospital

Webster Groves, Mo.