MAR 5 - 1937

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

Do not use this space.

File No. 8632

Registered No. 2090

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County .....

Township .....

City St. Louis (No. 921 Academy St. ..... Ward)

2. FULL NAME Fredrick Tesson

(a) Residence, No. 921 Academy St., 12 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	6	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

FATHER

13. NAME Francis Tesson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Co. Mo.

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Kate Hill 921 Academy

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Ferdinand DATE 2/22/37, 19

19. UNDERTAKER Bullen & Kelly (ADDRESS) 1416 N. Taylor Ave

20. FILED FEB 19 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/10/37, 19 to 2/19/, 1937

I last saw him alive on 2/14, 1937. Death is said to have occurred on the date stated above, at 2 48 A.M.

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

	Date of onset
Chronic Interstitial "Nephritis"	
General Arterio Sclerosis	

Other contributory causes of importance: Uremia.

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Exa. 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) O. O. Smith, M. D.

(Address) 536 N. Taylor, St Louis Mo

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.

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