

FEB 12 1938

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

791
1003

1155
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. City Hospital No. 1 Registered No. 1011
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Tezon 250
(a) Residence, No. 5629 Reber Place St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. carpenter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Booneville
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John Tezon

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

MOTHER 15. MAIDEN NAME Amanda Onknown

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

17. INFORMANT (ADDRESS) Hosp. Inf o M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Booneville Mo. DATE 1-28, 1938

19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Mortuaries
4228 So. Kingshighway

20. FILED JAN 27 1938
J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/24/38, 1938, to 1/27/38, 1938.
I last saw h. him on 1/27/38, 1938. Death is said

to have occurred on the date stated above, at 5.40 a.m.
The principal cause of death and related causes of importance were as follows:

syphilitic, chronic with
meningitis
g. it

Date of onset

Other contributory causes of importance:

Syphilitic

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....., 1938

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?

If so, specify.....
(Signed) E. P. Reh 1, M. D.
(Address) City Hospital No. 1

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 3024

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)