

REC'D MAR 14 1938

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

4919
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City Saint Louis (d) Street No. 1443a Francis Street St.
 (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 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bessie Teasley 240

(a) Residence, No. 1443a Francis Street St. 21 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Clyde Teasley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 4, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 21 3 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month, day, year) Jan. 1938
 11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Tennessee

FATHER 13. NAME Unavailable -- Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersburg Tennessee

MOTHER 15. MAIDEN NAME Maggie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersburg Tennessee

17. INFORMANT (ADDRESS) Maggie Teasley Munnally 1443a Francis Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Feb. 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) Shaver J. Gates 4107-09 Finney Avenue

20. FILED FEB 14 1938 J.D. Rueda

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28th, 1938, to February 10th, 1938. I last saw her alive on February 10th, 1938. Death is said to have occurred on the date stated above, at 4:10 p. m.
 The principal cause of death and related causes of importance were as follows:

Cancer of the Uterus 1932
Acute myocarditis 1937

Other contributory causes of importance:

Name of operation None Date of.....

What test confirmed diagnosis? Clinical 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?.....
 If so, specify de Roy Dabbs M. D.
 (Signed) de Roy Dabbs (Address) 1003 Glasgow

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, James Arthur Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Signed _____

Registered Apprentice No. _____

Licensed Embalmer No. 3522

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.)