

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

15970

Do not use this space.

1. PLACE OF DEATH 3

(a) County St. Francois Registration District No. 773

(b) Township St. Francois Primary Registration District No. 6018A

(c) City Near Farmington (d) Street No. State Hospital No. 4 Registered No. 86

(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 Emma Margarette Tesreau "Employee"

(a) Residence, No. 260 Farmington, Mo. St.  (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<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |  |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Single</u>                  |  |  |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-22-1875</u>                                       |  |  |  |  |
| 7. AGE YEARS<br><u>64</u>  | MONTHS<br><u>6</u>   | DAYS<br><u>30</u>  | If LESS than 1 day, .....hrs. or .....min.                     |  |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Occupational therapist</u> |  |  |  |
|  | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>State Hospt. #4</u>                   |  |  |  |
|  | 10. Date deceased last worked at this occupation (month and year) <u>3-17-40</u>                                 |  | 11. Total time (years) spent in this occupation <u>14 yrs.</u> |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fredericktown Missouri</u>                 |  |  |  |  |
| FATHER   | 13. NAME <u>Jas. D. Tesreau</u>  |  |  |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co. Missouri</u>                                     |  |  |  |
| MOTHER   | 15. MAIDEN NAME <u>Johanna Fox</u>   |  |  |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>  |  |  |  |
| 17. INFORMANT <u>Records of State Hospt. #4</u> (ADDRESS) <u>Farmington, Mo.</u>               |  |  |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Catholic Cem.</u> PLACE <u>Burial</u> DATE <u>4-15-40</u> |  |  |  |  |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Stanley H. Dixon, Fredericktown, Mo.</u>              |  |  |  |  |
| 20. FILED <u>Apr 12- 1940</u> <u>T. J. Robinson</u> Local Registrar.                           |  |  |  |  |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1940 to 4-12, 1940

I last saw him alive on 4-11, 1940 Death is said to have occurred on the date stated above, at 6:00am.

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

Suicidal attempt by cutting throat (Date of onset 3-18-40)  
With Terminal aspiration  
Lung abscess and exhaustion

Other contributory causes of importance:  
General arteriosclerosis (marked)  
Malaria (malignant)  
Chronic myocarditis Several weeks?

Name of operation Repair of wounds Date of 3-18-40  
What test confirmed diagnosis? Clin. & Lab. & X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Suicide Date of injury 3-18-1940  
Where did injury occur? Near Farmington, St. Francois Co  
(Specify city or town, county, and State) Mo  
Specify whether injury occurred in industry, in home, or in public place.  
In room (Home)

Manner of injury Razor blade  
Nature of injury Deep lacerations of throat & left wrist

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None

(Signed) G. Tivis Graves, Jr. M. D.  
(Address) Farmington, 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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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*William B. O'Connor*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*William B. O'Connor*

Licensed Embalmer No. *3975*

P. O. Address *Fredericktown, Mo*

**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.)**

**If this body is not embalmed, above space should be left blank.**