

Registration District No. 190074

Primary Registration District No. 200

Registrar's No. 770

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3310 Dix Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 years  
In this community 18 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Teson 250

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 7 1854  
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Florissant Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business RETIRED

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ann M. Larame  
(b) Address 3310 Dix Ave Overland Mo

17. (a) Burial (b) Date thereof 4-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director Baummann Brothers Inc  
(b) Address 2504 Woodson Rd Overland Mo

19. (a) APR 21 1940 (b) Dr. Meyer  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3310 Dix Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18  
year 1940 hour 6:30 minute 10 M.

21. I hereby certify that I attended the deceased from 2-8- 1940 to 4-18- 1940  
that I last saw him alive on 4-18- 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
Pericerebral hemorrhage  
Due to St. P. Arteriosclerosis  
St. side of entire body  
Due to Old tubercles  
Arteriosclerosis  
Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Duration 4-15-40  
1930  
1920  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings: none  
Of operations 131  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Ray Johnson (M. D. or other) \_\_\_\_\_  
Address Jerusalem Mo. Date signed 4-19-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Emil J. Hillman*

Licensed Embalmer No.

*3501*

P. O. Address

*Oriskany St*

**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.**