

No. 2
-13-40
-17-39-
X23159

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1991

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution St. Mary's Hospital
(d) Length of stay: In hospital or institution 5-weeks
In this community 5-weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Overland
(d) Street No. 3630 Marvin Ave.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mary Ann Teslic
(b) If veteran, name war None
(c) Social Security No. None
(d) Sex F. (e) Color or race W.
(f) (a) Single, widowed, married, divorced S.
(g) (b) Name of husband or wife
(h) (c) Age of husband or wife if alive 39 years
(i) Birth date of deceased Sept. 17, 1930

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 19th. year 1940 hour 7 minute 45 P. M.
21. I hereby certify that I attended the deceased from 1-1-32 to 10-19-40
that I last saw HR alive on 10-19 and that death occurred on the date and hour stated above.

8. AGE: Years 10 Months 1 Days 2 If less than one day hr. min.
9. Birthplace St. Louis Mo.
10. Usual occupation None

Immediate cause of death urinary nephrosclerosis renal vessels
Due to
Due to
Other conditions 131
(Include pregnancy within 3 months of death)

MOTHER FATHER {
11. Industry or business
12. Name Nicholas Teslic
13. Birthplace Czechoslovakia
14. Maiden name Mary Walike
15. Birthplace Australia
16. (a) Informant Mr. Nicholas Teslic
(b) Address 3630 Marvin Ave.
17. (a) Burial (b) Date thereof 10-22-1940
(c) Place: burial or cremation Cathary
18. (a) Signature of funeral director Arthur Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) OCT 21 1940 (b) P. H. Quinn

Major findings: Of operations
Of autopsy atrophy of kidneys
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature P. H. Quinn (M. D. or other)
Address 624 N. Grand Date signed 10-31-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
96
7
2

2-4

Mr. 7600

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Hindell

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, fact should be so stated above.