

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ENROUTE CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME MINNIE TESSON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased JULY 4 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 11 hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name ANTHONY BARDOL

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

14. Maiden name UNKNOWN

15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN BARDOL
(b) Address 4006 S HYDRAULIC

17. (a) BURIAL (b) Date thereof MAY 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST MARCUS CEM.

18. (a) Signature of funeral director John H. H. & Son

(b) Address 2906 GRAVOIS

19. (a) MAY 16 1946 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MOO
(c) City or town ST. LOUIS 23 17
(If outside city or town limits, write "RURAL")
(d) Street No. 707 MARION
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15
year 1946 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 15, 1944, to May 15th, 1946;
that I last saw her alive on May 14th, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Myocarditis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

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 D

23. Signature James J. Buddeck (M. D. or other).....

Address 1319 So. Bldway. Date signed 5/16/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

As Recd
13198, Broadway
130
Jan 23

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.....

David Van Garsen.

Licensed Embalmer No. 4242.

P. O. Address 2906 Leamis ave.

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.