S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

Registration District No. 0 / 9

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 29804

Registrar's No. 1725

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary' HOspital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 926 Russell Ave. 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME David Arthur Tesreau

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 16 (Day) 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	24	..... hr. ..... min.

9. Birthplace Richmond Hts. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Arthur Philip Tesreau
13. Birthplace Leadwood (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Dorothy Mae Raybrook
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Arthur Philip Tesreau
(b) Address 926 Russell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) 8-12-47 (Date received local registrar) (b) Carla J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1947 hour 4:07 minute P. M.

21. I hereby certify that I attended the deceased from July 17, 1947 to Aug 9, 1947
that I last saw him alive on Aug 9, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction	
Due to Atresia of Jejunum	
Due to Congenital defect	
Other conditions (Include pregnancy within 3 months of death) 157 M	
Major findings: Of operations Atresia in Lower Jejunum	
Of autopsy same	

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

Signature John W Stewart (M. D. ~~or other~~)

Address 4660 Maryland Date signed 8/10/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

1860 Maryland

V-4

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 Edwin A. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.