U. S. No. 2
10M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32218

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 164

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Florissant
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Lawrence G. Teson Jr.
3. (b) If veteran, name war ---
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Regina Bruckerhoff Teson
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Jan. (Month) 31 (Day) 1920 (Year)

8. AGE: Years 27 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Florissant (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Sheet metal

FATHER
12. Name Lawrence V. Teson
13. Birthplace Florissant (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catherine M. Teson
15. Birthplace Florissant (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lawrence V. Teson
(b) Address Florissant, Missouri,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Ferdinand Cem.
18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Mo.
19. (a) 9/18/47 (Date received local registrar) (b) Maurice Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1947 hour 12 minute 15 P. M.
21. I hereby certify that I attended the deceased from 2/5 1945, to 9/12 1947; that I last saw him alive on 9/12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: uremia — Duration 8 mo.
Due to: Chronic Glomerulonephritis ?
Due to:
Other conditions: Diabetes mellitus ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Underline the cause to 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

23. Signature R. O. Hayden (M. D. or other)
Address St. Louis, Mo. Date signed 9/6/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 9-29-42
Date Filed

JAN 14 1954

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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, fact should be so stated above.