

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26694

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1918

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant,</u>		c. LENGTH OF STAY (In this place) <u>38 yrs.</u> d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u> <u>4051</u>	
.d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>459 St. Jean St.</u>		d. STREET ADDRESS (If rural, give location) <u>459 St. Jean St.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u> b. (Middle) <u>Leona</u> c. (Last) <u>Tesson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>July 30, 1911</u>		9. AGE (In years last birthday) <u>41</u>		10. UNDER 1 YEAR Months Days	
11. UNDER 2 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	
11. BIRTHPLACE (State or foreign country) <u>Michigan</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Emmet Vredenburch</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Bressette</u>		14. NAME OF HUSBAND OR WIFE <u>Leslie R. Tesson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Leslie R. Tesson, Florissant, Mo.,</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix</u>		DUE TO (b) _____			<u>1 yr</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>6-19-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of cervix</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>171X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 5-20, 1951, to 7-14, 1952, that I last saw the deceased alive on 7-13, 1952, and that death occurred at 1:20 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M D Johnson M.D.</u>		23b. ADDRESS <u>Ferguson Mo</u>		23c. DATE SIGNED <u>7-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-16-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand Cemetery Florissant Mo.,</u>	
				24d. LOCATION (City, town, or county) (State) _____	

DATE REC'D BY LOCAL REG. <u>7-15-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Mo.,</u>	
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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*L. M. White*

Licensed Embalmer No. *3973*

P. O. Address *Ferguson, Ill*

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.