

No. 300
10-48

FILED OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33658
Registrar's No. 2551

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 545	Registrar's No. 2551	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> c. LENGTH OF STAY (in this place) <u>1 Day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Louis County Hosp.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u> <u>4376</u> d. STREET ADDRESS (If rural, give location) <u>7558 AHERNS AV. 1</u>		
3. NAME OF DECEASED (Type or Print) <u>Joseph</u>		a. (First)	b. (Middle)	f. (Last) <u>Tetrauit</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-2-52</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>FEB. 13, 1867</u>	9. AGE (In years last birthday) <u>85</u> # UNDER 1 YEAR Months # UNDER 1 YEAR Days # UNDER 1 YEAR Hours # UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work predominating most of working life, even if retired) <u>RETIRED (Farming)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CANADA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>NOBERT TETRAUIT</u>		13b. MOTHER'S MAIDEN NAME <u>VERINA BERGERON</u>		14. NAME OF HUSBAND OR WIFE <u>MARIE LOUISE TETRAUIT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Dr. Marie Louise Tetrauit 7558 Aherns Av. Clayton Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>331X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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? <u>9:35am</u>	
22. I hereby certify that I attended the deceased from <u>10-2-1952</u> to <u>10-2, 1952</u> , that I last saw the deceased alive on <u>10-2, 1952</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.					
23. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>St. Louis County Hosp.</u>		23c. DATE SIGNED <u>10-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/4/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI.</u>
DATE REC'D BY LOCAL REG. <u>10-4-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>[Signature] 6765 Belmont St.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Paul E. Hoffman*

Licensed Embalmer No. 4396

P. O. Address St Louis, 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.