

No. 300
10.48

FILED JUN 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19557
Registrar's No. 5147

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
b. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. CITY OR TOWN St. Louis, Mo. d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary e. STREET ADDRESS (If rural, give location) 3233a St. Vincent Ave.

3. NAME OF DECEASED a. (First) Rose b. (Middle) M. c. (Last) Tearne 4. DATE OF DEATH (Month) (Day) (Year) May, 20, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 10, 1883 9. AGE (In years last birthday) 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Ohio U.S.A. 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Martin Davey 13b. MOTHER'S MAIDEN NAME Ann Pryor 14. NAME OF HUSBAND OR WIFE Late George L. Tearne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bernice Tearne 3233a St. Vincent Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) latent lues.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 0282

22. I hereby certify that I attended the deceased from Jan. 9, 1952, to May 20, 1953, that I last saw the deceased alive on May 20, 1953, and that death occurred at 1,40P. m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Palmer Susan B. Buehler M.D. 23b. ADDRESS 5800 Arsenal St. 23c. DATE SIGNED _____

24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE May 23, 1953 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE MAY 22 1953 J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

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.....
Signature of Student Embalmer

Signed *Paul J. [Signature]*

Licensed Embalmer No. *453*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.