

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32459

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2146

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Clayton
c. LENGTH OF STAY (In this place) (Specify township) 14 hrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Robertson 7
d. Is Residence within limits of a city or incorporated town? Yes 70070
STREET ADDRESS (If rural, give location) Rt. 2 Box 633C Robertson Mo.

3. NAME OF DECEASED a. (First) John b. (Middle) A. c. (Last) Teson 4. DATE OF DEATH (Month) (Day) (Year) 9 - 8 - 54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept 8 1859 9. AGE (In years last birthday) 95 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

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

13a. FATHER'S NAME Anton Teson 13b. MOTHER'S MAIDEN NAME Angelia Perry 14. NAME OF HUSBAND, OR WIFE The Late Tillie Teson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary L. De Hater Rt 2 Robertson Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bilateral
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of Femur
DUE TO (c) Senility
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 1 day
2 mo.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident at home 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Robertson, St. Louis, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-3-1954 m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Fell at home.

22. I hereby certify that I attended the deceased from 9-7 1954, to 9-8, 1954, that I last saw the deceased alive on 9-8, 1954, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cooper Day M.D. 23b. ADDRESS 601 S. Brentwood 23c. DATE SIGNED 9/8/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Sept 11 1954 24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery 24d. LOCATION (City, town, or county) (State) Bridgeton Mo.

DATE REC'D BY LOCAL REG. 9/9/54 REGISTRAR'S SIGNATURE Robertson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pollier Mortuary 10123 St. Chas. Rd.

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

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 *Sheldon Collier*.....

Licensed Embalmer No. *338*

P. O. Address *10123 St.*

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.