

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31562

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8281**

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **years**

d. FULL NAME OF HOSPITAL OR INSTITUTION **5530 Beacon Avenue**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri**

b. COUNTY

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes  No

STREET ADDRESS (If rural, give location) **5530 Beacon Avenue**

3. NAME OF DECEASED

a. (First) **Edward** b. (Middle)

c. (Last) **Teske, Sr.** **DATE OF DEATH** (Month) (Day) (Year) **Sept. 20 1955**

5. SEX **Male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widower**

8. DATE OF BIRTH **Jan. 18, 1873** 9. AGE (in years last birthday) **82** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Stationery Fireman (Retired)** 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **St. Polna, Poland** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Teske** 13b. MOTHER'S MAIDEN NAME **Henrietta Mantel** 14. NAME OF HUSBAND OR WIFE **Augusta Teske (Deceased)**

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. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mr. Edward K. Teske, Jr., 9257 Catalina Dr**

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: **Arteriosclerotic heart disease**

ANTECEDENT CAUSES: **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**

DUE TO (b) **Sept Hemiplegia**

II. OTHER SIGNIFICANT CONDITIONS: **Conditions contributing to the death but not related to the disease or condition causing death.**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **420.0** 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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1950**, to **Sept 19, 1955**, that I last saw the deceased alive on **9/19, 1955**, and that death occurred at **2:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Charles DeBarris MD** 23b. ADDRESS **5298a Page** 23c. DATE SIGNED **9/20/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Sept. 22, 1955** 24c. NAME OF CEMETERY OR CREMATORY **New Bethlehem Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **SEP 21 1955** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math Hermann & Son, Inc., 2161 E. Fair Ave**

(Licensed Embalmer's Statement on Reverse Side)

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 *Harford G Burnley*

Licensed Embalmer No. *470*

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.