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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3683

STATE FILE NUMBER 583

FILED FEB 14 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN St. Louis — Inside Limits Yes X No	c. CITY OR TOWN Lemay 4850 — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 4512 West Pine — Length of stay in Hospital 2-wks.	d. STREET ADDRESS (If outside, give location) 27 404 Ruthland Dr. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First: Helena	Middle: A.	Last: Tesson	4. DATE OF DEATH Month: Jan.	Day: 16,	Year: 1958			
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH: Oct. 17, 1879	9. AGE (In years last birthday): 78	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): Office Work	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country): St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME: Nicholas Nachtweih	13b. MOTHER'S MAIDEN NAME: Frances Balwin		14. NAME OF HUSBAND OR WIFE: John Tesson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): -----	16. SOCIAL SECURITY NO.: Unknown		17. INFORMANT: Jos. Nachtweih	Address: 606 Horn, Lemay, Mo.				

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia — 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 491+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral hemorrhage with right hemiplegia due to hypertension

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 10, 1957 to Jan 16, 1958 and last saw her/him alive on Jan 15, 1958. Death occurred at 10 a.m. 12:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward W. Czebunski M.D.

22b. ADDRESS: 3701 Crandell Sq

22c. DATE SIGNED: 1/17/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Jan. 20, 1958

23c. NAME OF CEMETERY OR CREMATORY: St. Paul's Churchyard

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: WACKER-HELDERLE — ADDRESS: 3634 Gravois Ave.

25. DATE RECD. BY LOCAL REG.: JAN 17 '58

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms, mode of dying, or conditions resulting from operations or injuries should be stated. All diseases in Part I must be causally related.

Grieved: Underlying Cause is not stated

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address Macon 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.