URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-038141

STATE FILE NUMBER

FILED VS OCT 19 1959

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9181

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b --

c. CITY OR TOWN St. Louis

Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5830 Cates

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First REBECCA Middle M. Last TEASDALE

4. DATE OF DEATH Month OCTOBER Day 5 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH July 14, 1865

9. AGE (last birthday) 94

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY ---

11. BIRTHPLACE (City and state or country) Alton, Illinois

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Thomas Murphy

13b. MOTHER'S MAIDEN NAME Mary Hessin

14. NAME OF HUSBAND OR WIFE Thomas B. Teasdale

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. None

17. INFORMANT Harry F. Lyons, 5830 Cates Ave. St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT — 5 MINUTES

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

DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR HEART DISEASE — 20 YEARS

DUE TO (c) 4221

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 DEC. 11, 1954, to OCT. 5, 1959 and last saw her/him alive on OCT. 5, 1959

Death occurred at 4:55 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE H R Bradley (Degree or title) M. D.

22b. ADDRESS BARNES HOSPITAL

22c. DATE SIGNED 10/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 10/7/59

23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery

23d. LOCATION (City, town, or county) (State) Alton, Illinois

24. FUNERAL DIRECTOR C. R. Lupton & Sons

ADDRESS 7233 Delmar Blvd.

25. DATE RECD. BY LOCAL REG. OCT 6 '59

26. REGISTRAR'S SIGNATURE Hoard Smith, M.D. MDL

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1958

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.