JAN 28 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42428

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township CARONDELET — Primary Registration District No. 6248 B — Registered No. 436

City Jefferson Barracks Mo. (No.) U.S. Veterans' Hospital, Jefferson Brks. Mo. (Ward)

2. FULL NAME Thomas E. Teel. — I. Bangner, M.D. Medical Officer In Charge.

(a) Residence. No. Malden, Mo. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Roxy Teel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 18, 1887

7. AGE: Years 41 — Months 2 — Days 6 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Cotton Picker.

(b) General nature of industry, business, or establishment in which employed (or employer): Unavailable.

(c) Name of employer: Unavailable.

9. BIRTHPLACE (CITY OR TOWN): Unavailable.

(STATE OR COUNTRY): Illinois.

PARENTS

10. NAME OF FATHER: Unavailable.

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unavailable.

(STATE OR COUNTRY): Unavailable.

12. MAIDEN NAME OF MOTHER: Unavailable.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unavailable.

(STATE OR COUNTRY): Unavailable.

14. INFORMANT E.H. Gibbons

(Address) E.H. Gibbons, Medical Officer. U.S. Veterans' Hospital Jefferson Barracks Mo.

15. FILED Jan. 26, 1929 — L. C. Overall, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 24, 1928.

17. I HEREBY CERTIFY, That I attended deceased from December 18, 1928, to December 24, 1928, that I last saw h. im alive on December 24, 1928, and that death occurred, on the date stated above, at 11:00 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism

Non Tuberculous

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lung abscesses and bronchial pneumonia.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, laboratory, x-ray findings

(Signed) E.H. Gibbons, M.D.

(Address) E.H. Gibbons, Medical Officer. U.S. Veterans' Hospital Jefferson Brks. Mo.

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*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Gideon, Mo. — DATE OF BURIAL: 12/28/1928

20. UNDERTAKER: C. Hoffmeister U. & E. Co. — ADDRESS: 7814 S. Broadway St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK. ALL ITEMS TO BE ANSWERED. NO ERASURES.