

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 27 1938

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

Do not use this space.

19585

1. PLACE OF DEATH

County Saint Louis Registration District No. 784  
Township Carondelet Primary Registration District No. 200  
City Jefferson Barracks (No. Vet Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 833

2. FULL NAME Dennis TEAHAN

(a) Residence, No. 4939 Lexington Avenue St. \_\_\_\_\_ Ward. Saint Louis, Missouri.  
(Usual place of abode) Unkn. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 12, 1889  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 48 5 27

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938 to May 9, 1938

I last saw him alive on May 9, 1938. Death is said

to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized Date of onset Unkn.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Myocardial insufficiency, congestive type of cardiac failure with hypertrophy and dilatation; aortitis. (arteriosclerotic heart disease) Unkn.

Name of operation None Date of \_\_\_\_\_  
City, Clinical, and Laboratory  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

12. BIRTHPLACE (CITY OR TOWN) Killarney,  
(STATE OR COUNTRY) Ireland

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) " " "

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) " " "

17. INFORMANT Clinical School of Jefferson  
(ADDRESS) Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Bere. DATE 5-12-38

19. UNDERTAKER Sullivan Bros.  
(ADDRESS) 2849 N. Central Ave.

20. FILED 57 1938 J.R. Murphy Registrar

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_  
(Signed) C. HUGHES, Chief Med. Officer, M. D.  
(Address) V.F. Jefferson Barracks, Mo.

