

REC'D SEP 12 1938

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

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1003

27240
Do not use this space.

7254

1. PLACE OF DEATH

(a) County..... Registration District No.
(b) Township..... Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. Deaconess Hospital St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Alva L. Teachout 23A
(a) Residence, No. 3664 Washington, Blvd. St. 19
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Belle Teachout</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 15/1883.</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>109</u>	DAYS <u>29</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Cooper</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>Aug. 1/1938</u>	
		11. Total time (years) spent in this occupation <u>30 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hunningdon Tenn.</u>		
FATHER	13. NAME <u>Edmond Teachout</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk. Ohio.</u>	
MOTHER	15. MAIDEN NAME <u>Addie Ross</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Weakley County Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Mary Belle Teachout 3664 Washington, Blvd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Martin, Tenn.</u> DATE <u>Aug. 16/1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Albert H. Hoppe, Inc. 429 N. Euclid, Ave.</u>		
20. FILED <u>AUG 16 1938</u> <u>J. B. Biedich</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14/1938

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1938, to August 14, 1938
I last saw him alive on Aug. 14, 1938. Death is said to have occurred on the date stated above, at 6:37 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Intestinal obstruction
Date of onset 8/4/38
Other contributory causes of importance:
Paralytic Ileus. 8/11/38

Name of operation Adhesiolysis Date of 8/19/38
What test confirmed diagnosis? Operation Was there an autopsy? yes

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? no.
If so, specify _____
(Signed) J. J. Sauer, M.D.
(Address) 620 Missouri Bldg.

WHILE PRINTING WITH OVERLOADING INK--THIS IS A PERMANENT RECORD

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.

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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

Registered Apprentice No., working under my personal supervision.

Signed: *Albert W. Waple*

Licensed Embalmer No. *1861*

P. O. Address

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 this body is not embalmed, above space should be left blank.