

AN - 2 1939

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

44454
Do not use this space.

REC'D JAN 6 1939

1. PLACE OF DEATH

(a) County St. Louis 3
(b) Township St. Ferdinand 1
(c) City Jennings, Mo. (d) Street No. Elma Convalescent Home 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Gordon E. Teague
(a) Residence, No. 2520 McLaren Ave. St.
(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 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 Loretto K. Teague

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1897.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 5 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saleman
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota 1

13. NAME Charles H. Teague

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota 1

15. MAIDEN NAME Gorgia Iserman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota 1

17. INFORMANT Mrs. Loretto Teague
(ADDRESS) 5641 Clemens Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Jan. 3/39. 19

19. FUNERAL DIRECTOR Jos. W. Clark
(ADDRESS) 1125 Hodiarnot Ave.

20. FILED JAN - 2 1939 T. D. Neugebauer, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31/38. 19

22. HEREBY CERTIFY, That I attended deceased from June 28, 1938 to Dec 31, 1938
I last saw him alive on Dec 30, 1938 Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
side ??
Death instant
Date of onset
Other contributory causes of importance: Hypertension 1917

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? NO

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) T. D. Neugebauer M. D.
(Address) 6204 W. F. Clemens

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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