Watkins

JAN 12 1940

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

Do not use this space.

41691

File No. 10814

Registered No.

1. PLACE OF DEATH
City St Louis.
Township
City (No. 3523. St. 2 Ward)
Registration District No. 701
Primary Registration District No. 1255

2. FULL NAME Gideon Henry Teer.

(a) Residence, No. 3523 No 2514 St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 6 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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Annie Combs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28-1864

7. AGE: Years 75 Months 5 Days 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm.
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation All.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henshaw. Ky.

FATHER

13. NAME Sam Teer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

MOTHER

15. MAIDEN NAME Mary Stage
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) W. S. Teer. (Son) 3528 No 2514 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE ADE-Missouri DATE 12-19-39 19

19. UNDERTAKER (ADDRESS) Albert H. Hoppe L.C. 4700 Washington Blvd.

20. FILED DEC 18 1939 J. D. Rudolph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17. 1939.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1939, to Dec. 17, 1939. I last saw him alive on Dec 16, 1939. Death is said to have occurred on the date stated above, at 6:30 p.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrage	9/30/39.

Other contributory causes of importance:

Cerebral Haemorrage	1936
Partial Paralysis	1935.

Name of operation No. 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? No
If so, specify

(Signed) J. A. Cecka, M. D.
(Address) 2505 No Jefferson St.

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

Emls
continued