

No. 2  
1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22775  
Registrar's No. 1344

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:  
(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Admitted 6/11/41  
In this community Since 6/11/41  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County 999  
(c) City or town Roodhouse  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1020 South State Street  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country 9

3. (a) PRINT FULL NAME Jay V. Teeple  
3. (b) If veteran, name war World War  
3. (c) Social Security No. None

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -  
6. (c) Age of husband or wife if alive - years

7. Birth date of deceased November 7, 1888  
(Month) (Day) (Year)

8. AGE: Years 52 Months 7 Days 24 If less than one day hr. min.  
9. Birthplace Roodhouse Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Newspaper Editor

11. Industry or business -  
12. Name James Teeple  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Dora Whiteside  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling  
(b) Address Clinical Clerk, VAF, off. Bks., Mo.  
17. (a) Removal (b) Date thereof July 3 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation White Hall Ill.

18. (a) Signature of funeral director Reene Funeral Home  
(b) Address Roodhouse Ill.  
19. (a) JUL 2 1941 (b) C. W. Hughes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 1st,  
year 1941 hour 12:15 minute p. a. m.  
21. I hereby certify that I attended the deceased from June 11, 1941 to July 1, 1941,  
that I last saw h im alive on July 1, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism, Post-operative, following Bilateral Herniotomy

Due to -  
Due to -

Other conditions -  
(Include pregnancy within 3 months of death)

Major findings: 7702  
Of operations -  
Of autopsy -

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(b) Date of occurrence -  
(c) Where did injury occur? - (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? NO (Specify type of place) (b) Means of injury -  
23. Signature C. W. HUGHES, M.D. M. D. or other -  
Address Chief Medical Officer Date signed 7/1/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

35181

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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.....

Licensed Embalmer No.....

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, fact should be so stated above.**