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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community De Paul Hospital

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. 5741 Cabanne Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Julia Le Beau Robb

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife BenJamin

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 1 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
81	6	-	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business House Work

FATHER
12. Name Chauvin Le Beau
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Virginia Chauvin
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Chauvin J. Robb

(b) Address 5741 Cabanne Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. E. Stuart

(b) Address 1225 Union Blvd. 144

19. (a) 1-2-41 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1941 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right hip — Duration
Arteriosclerosis; suffered when she slipped and fell in yard at home December 9th, 1940, about 2.30 P.M.
ACCIDENT.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ACCIDENT. 000

(b) Date of occurrence 12/9/1940

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury 9

23. Signature Thomas J. Callanan (M. D. or other)

Address Deputy Coroner Date signed 1/2/40

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard A. J. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Union, Bldg

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.