

Registration District No. **318**

Primary Registration District No. **11000**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Albert Francis Tebeau

3. (b) If veteran name war None

3. (c) Social Security No. 703-01-2907

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Marie C.

6. (c) Age of husband or wife if alive 8 years 1860 (Day) (Year)

7. Birth date of deceased Feb (Month) 8 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>0</u>	<u>10</u>	hr. _____ min.

9. Birthplace O'Fallon Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Eng.

11. Industry or business Surgical R. C.

12. Name Max Tebeau

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Nale

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amelia Mundt

(b) Address 6190 Washington

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/21/48
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem

18. (a) Signature of funeral director Prosser W. Co.

(b) Address 3710 N. Grand

19. (a) (Date received local registrar) FEB 19 1948 **(b) (Registrar's signature)** J. F. Brobeck

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. Saincrouse Hotel
3634 N. Grand (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18
year 1948 hour 10 minute 01 M.

21. I hereby certify that I attended the deceased from January 2 12, 1948 to February 18, 1948
that I last saw h/Im alive on February 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery thrombosis **Duration** 2 hrs

Due to _____

Due to _____

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

Major findings: Supra Pubic Prostatectomy
Of operations 1-27-48: Benign Hyperplasia

Of autopsy Prostate gland

none

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

(a) Accident, suicide, or homicide (specify) _____

(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 _____ (Specify type of place) _____
(c) Means of injury _____

23. Signature J. F. Melick (M. D. or other)

Address St. Louis Mo. **Date signed** _____

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

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

MOTHER FATHER

mid

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 Hayfield*

Licensed Embalmer No... *3077*

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.