

XC-300 MAR 19 1952
Reg. 97650

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11591
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 274

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, write RURAL and give town or township) JEFF. BRKS. MO.
c. LENGTH OF STAY (in this place) 101 Days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) WELLSTON
d. STREET ADDRESS (If rural, give location) 1512 KIENLEN

3. NAME OF DECEASED
a. (First) ALBERT b. (Middle) W. c. (Last) TEBEAU

4. DATE OF DEATH (Month) (Day) (Year)
2-1-52

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 12-18-89

9. AGE (In years last birthday) 62 yrs

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) FLORRISANT, MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME AUGUST TEBEAU

13b. MOTHER'S MAIDEN NAME MARY MALSO

14. NAME OF HUSBAND OR WIFE MARY TEBEAU

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES

(If yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC ARREST; OPERATION
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) OPERATED FOR HIATUS HERNIA
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. TUBERCULOSIS, PULMONARY

INTERVAL BETWEEN ONSET AND DEATH
20 Min.

2 Yrs

19a. DATE OF OPERATION 2-1-52

19b. MAJOR FINDINGS OF OPERATION HIATUS HERNIA

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9:30 a.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23, 1951, to Feb. 1, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Kaminski, M.D. (Degree or title)

23b. ADDRESS VA HOSP., JEFF. BRKS. MO.

23c. DATE SIGNED 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 4, 1952

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 2-2-52

REGISTRAR'S SIGNATURE Herbert P. Danke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark, 1125 Hodiament, St. Louis, Mo.

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

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo.*

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.