NOV 28 1930

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

Do not use this space.

File No. 34025
Registered No. 303

1

1. PLACE OF DEATH
County St. Louis
Township Central
City (No. 6411 Spencer Pl. St. Ward)
Registration District No. 189
Primary Registration District No. 6033 B

2. FULL NAME Anthony Tebeau
(a) Residence. No. 6411 Spencer Pl. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~
HUSBAND OF (OR) ~~WIFE~~ OF Carrie A. Tebeau

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	68	10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Florissant
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs. Carrie A. Tebeau
(Address) 6411 Spencer Pl.

15. FILED 10/28 1930 Ella Bracy, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1930, to Oct. 26, 1930, that I last saw h. alive on Oct. 26, 1930, and that death occurred, on the date stated above, at 1:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
1937A
1918 (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) Exposure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH yes
DID AN OPERATION PRECEDE DEATH? yes DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical.
(Signed) C. E. Harral M.D.
10/27, 1930 (Address) 5994 Plymouth

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Jamm Cemetery	10-28 1930
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch	5966 Easton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Cat. 0854 5560
9-23-11