

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.

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

Do not use this space.

SEP 15 1936

1. PLACE OF DEATH

County.....

Registration District No.....

791

32428

Township.....

Primary Registration District No.....

1003

File No.....

8249

City St. Louis

(No. St. Louis Childrens Hosp)

Registered No.....

St. Ward

2. FULL NAME Tebeau, Paul

(a) Residence, No. 4114 Beechwood St. NR Ward. Pine Lawn Mo.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

CHILD

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

CHILD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1928

7. AGE

YEARS 7

MONTHS 6

DAYS 20

If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

CHILD

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. CHARLES, MO
(STATE OR COUNTRY)

FATHER

13. NAME Roy Tebeau

14. BIRTHPLACE (CITY OR TOWN) FLOISSANT, MO
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Viola Wolf

16. BIRTHPLACE (CITY OR TOWN) St. CHARLES, MO
(STATE OR COUNTRY)

17. INFORMANT M. Ruck, Rn.
(ADDRESS) 500 S. Kings Highway

18. BURIAL, CREMATION, OR REMOVAL

Place St. Ferdinand's Cem DATE Aug 10 1936

19. UNDERTAKER Geo. L. Pleutsch
(ADDRESS) 5966 Eastway

20. FILED AUG 7 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1936

22. I HEREBY CERTIFY That I attended deceased from Aug 1 1936, to Aug 7 1936

I last saw him alive on Aug 7 1936 Death is said to have occurred on the date stated above, at 1:15 A.M.

The principal cause of death and related causes of importance were as follows:

Septicemia Date of onset

Terminal Broncho Pneumonia Related
Acute Suppurative Arthritis Left Hip
Acute Otitis Media suppurative
Osteomyelitis Nas. 9/13

Other contributory causes of importance:

no history of injury

Name of operation incision & drainage Date of 8/9/36
What test confirmed diagnosis? Blood Cult Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) R. J. Blatter, M. D.

(Address) 200 S. Kings Highway

