

6-2
13-40
17-39
X23159

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Stephen Tebo

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 15, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	6	28	hr. _____ min.

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

10. Usual occupation Timber Inspector

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Laurence Tebo

(b) Address 2838 S. 18th St.

17. (a) Burial (b) Date thereof Feb. 17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Mines, Missouri

18. (a) Signature of funeral director Am. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) _____ (b) J. W. Budek
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 1724
(If outside city or town limits, write "RURAL")

(d) Street No. 2838 S. 18th St. 7
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13, year 1941 hour 9:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from February 4, 19 41 to February 15, 19 41 that I last saw him alive on February 15, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Go Degenerative Duration _____

Heart Disease

Due to Hypertension

Due to Arterio sclerosis

Other condition Chronic Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Repeat 10-25

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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) (e) Means of injury

23. Signature James Wallace (M. D. or D. P. H.) _____
Address 1515 Lafayette Avenue Date signed 2/17/41

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

7
7
7

FEB 14 1941

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.....

Licensed Embalmer No. *4149*

P. O. Address *1926 Allen*

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.