

FILED MAR 11 1943

State File No. \_\_\_\_\_  
Registrar's No. 405

Registration District No. 127

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: \_\_\_\_\_  
(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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Florissant  
(If outside city or town limits, write "RURAL")

(d) Street No. 569 St. Joseph St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sidney Sylvester Tebeau

3. (b) If veteran, name war No

3. (c) Social Security 486-18-5576

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15  
year 1943 hour 11.05 minute A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mattie Tebeau

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 15, 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 9<sup>th</sup> 1943 to February 15<sup>th</sup> 1943; that I last saw him alive on February 14<sup>th</sup> 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>0</u>	<u>00</u>	hr. _____ min.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Labor unemployed

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

Duration 8 mo.

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Jerome Tebeau

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

14. Maiden name Mary Davison

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

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 93rd

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mattie Tebeau

(b) Address Florissant, Mo.

17. (a) Burial (b) Date thereof Feb. 18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) FEB 17 1943 (b) E. J. McDaniel  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature H. T. Colman M.D. (M. D. or other) \_\_\_\_\_

Address Pattonville Mo. Date signed Feb. 15. 43

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

96  
0  
0

96  
0

M. J. P.

Dr. Coleman,  
Pattonville, Mo.

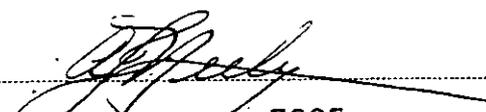
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**STATEMENT BY LICENSED EMBALMER**

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. 3225

P. O. Address..... 1125 Hodiament Ave.,

**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.**