S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36325

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10107

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(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 Missouri (b) County Washington
(c) City or town Cadet
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Susie Thebeau
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stephen Thebeau
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased February (Month) 12 (Day) 1889 (Year)

8. AGE: Years 58 Months 8 Days 18 If less than one day hr. min.
9. Birthplace Old Mines (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Frank Boursaw
13. Birthplace Old Mines (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Ellen Juliet
15. Birthplace Old Mines (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Stephen Thebeau
(b) Address Old Mines, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) Nov (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30 year 1947 hour 3 minute 45 A.M.
21. I hereby certify that I attended the deceased from Oct 28, 1947 to Oct 30, 1947 that I last saw her alive on Oct 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy of Brain	5 days
Due to Hypertension	2 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Wm P Glennon (M. D. or others)
Address University Club Bldg St Louis Date signed 10/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

NOV 18 1940

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.