No. 2
5/1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 7 1948

Registration District No. 3748

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3059

State File No. 42769

Registrar's No. 422

1. PLACE OF DEATH:

(a) County: St. Francois

(b) City or town: Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bonne Terre Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 da (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Francois 94

(c) City or town: Bismarck 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Louis Kretz LaBeaume

3. (b) If veteran, name war: no

3. (c) Social Security No.:

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: August (Month) 11 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
42	4	1	hr. min.

9. Birthplace: Jackson (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation: mechanic

11. Industry or business: garage

FATHER
12. Name: George L. LaBeaume 0
13. Birthplace: Hillsboro (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name: Rose Kretz
15. Birthplace: (City, town, or county) Ind. (State or foreign country) 1

16. (a) Informant: Gean LaBeaume
(b) Address: Cape Girardeau Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Bismarck Mo.

18. (a) Signature of funeral director: White Funeral Home
(b) Address: Bismarck Mo.

19. (a) 12-30-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1947 hour 8 minute 10 A M.

21. I hereby certify that I attended the deceased from Dec 4, 1947, to Dec. 12, 1947, that I last saw him alive on Dec 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia	Duration: 9 days
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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

ADDITIONAL SUFFICIENT INFORMATION REQUESTED

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? 0 (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: Van W. Parker (M. D. or other) M.D.
Address: Bonne Terre Mo. Date signed: 12-13-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1948

RECEIVED

District Health Officer No. 4

District File Number 148-13

Date Filed 1-6-48

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 Louis Kurtz LaBaume, Registered Apprentice No. ....., working under my personal supervision.

Signed C. J. Hill

Licensed Embalmer No. 1857

P. O. Address Bismarck N

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.

No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Jan

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 422

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town Bonne Terre
(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 (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louis K. LaBeaume

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug 11 1908
(Month) (Day) (Year)

8. AGE: Years 42 Months 4 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 42
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

108

Duration

PHYSICIAN

Underline the cause to 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 Van W. Taylor (M. D. ~~or other~~)
Address Bonne Terre Mo Date signed 2-17-48

42769