FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 30 1947

Registration District No. 3 G L

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6244

State File No. 44070

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Old Mines (Union)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 63 - 2 - 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington
(c) City or town ~~Potosi~~, Old Mines (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Mi East
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Steve Thebeau
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced Single D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 1 (Day) 1884 (Year)

8. AGE: Years 63 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Old Mines (City, town, or county) Mo (State or foreign country) D
10. Usual occupation Miner
11. Industry or business Self-
FATHER
12. Name Joseph Thebeau
13. Birthplace Old Mines (City, town, or county) Mo (State or foreign country) U
MOTHER
14. Maiden name Emma Bequette
15. Birthplace Old Mines (City, town, or county) Mo (State or foreign country) U
16. (a) Informant John Coleman
(b) Address Old Mines Mo
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 Boyer Funeral Home
(b) Address Potosi Mo.
19. (a) Dec 10 47 (Date received local registrar) (b) Mrs G F Cresswell (Registrar's signature) 337

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1 year 1947 hour 9 minute 30 A.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 Uremia
Due to Enlarged Prostrate
Due to gland
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

137 A

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 G F Cresswell (M. D. or other)
Address Potosi Mo. Date signed 12/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

State File Number 1242-16

Filed 12-29-4

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 Howard Higgenbotham, Registered Apprentice No. 53 working under my personal supervision.

Signed E. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi Mo.

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.