No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1585

State File No. 1

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town De Soto, Rural.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 79 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 50

(c) City or town De Soto 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route #2. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Alexander Fredrick Thebeau

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased Dec (Month) 17 (Day) 1868 (Year)

8. AGE: Years 79 Months 0 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace Washington Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Self.

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

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

16. (a) Informant John Thebeau
(b) Address 700 N. 3rd St. De Soto Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wood Lawn.

18. (a) Signature of funeral director J. Lee Wotherhead
(b) Address De Soto Mo.

19. (a) 1/10/48 (Date received local registrar) (b) Marie Farrie (Registrar's signature) 146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th year 1948 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb, 1947 to 4 Jan, 1948 that I last saw him alive on 4 Jan 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: carcinoma stomach	?
Due to: Senility	years
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

46B

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 Karl V. McKinstry (M. D. or other) M.D.
Address De Soto Mo. Date signed 7 Jan 48.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 1-16-48

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed S. H. Motherishead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.