

STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1949

State File No. 8720

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Illinois</b><br>b. COUNTY <b>Saint Clair</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Barracks, Mo.</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Belleville, Illinois</b>  |   |
| c. LENGTH OF STAY (In this place) <b>6 days</b>  |  | d. STREET ADDRESS (If rural, give location) <b>408 North First Street</b>   |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Vet. Adm. Hosp. Jeff. Brks. Mo.</b>  |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Elmer</b><br>b. (Middle) <b>Joseph</b><br>c. (Last) <b>TRIBOUT</b>   |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>April 10, 1949</b>   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH <b>July 7, 1907</b>  |
| 9. AGE (In years last birthday) <b>41</b>  |  | IF UNDER 1 YEAR Months  | IF UNDER 24 HRS. Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country) <b>Belleville, Illinois</b>   |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  | 13a. FATHER'S NAME <b>Victor Tribout</b>  |   |
| 13b. MOTHER'S MAIDEN NAME <b>Eliza Davis</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Blanche</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World-II</b>   |  | 16. SOCIAL SECURITY NO. <b>Unknown</b>  | 17. INFORMANT'S SIGNATURE OR NAME <b>Eugene F. Nolan, Registrar</b><br>ADDRESS <b>Vet. Adm. Hosp. Jeff. Brks. Mo.</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>MEDICAL CERTIFICATION</b>  |  |   |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>   |
| ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>314</b><br>DUE TO (c) <b>430</b> |  |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |   |   |
| 19a. DATE OF OPERATION <b>None</b>   |  | 19b. MAJOR FINDINGS OF OPERATION <b>---</b>   |   |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |   |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |   |
| 22. I hereby certify that I attended the deceased from <b>April 4, 1949</b> , to <b>April 10, 1949</b> , that I last saw the deceased alive on <b>April 10, 1949</b> , and that death occurred at <b>3:30 pm.</b> , from the causes and on the date stated above.  |  |   |   |
| 23a. SIGNATURE <b>L.E. Stilwell</b> (Degree or title) <b>L.E. Stilwell, M.D. Chf. Prof. Services</b>   |  | 23b. ADDRESS <b>Vet. Adm. Hosp. Jeff. Brks. Mo.</b>   | 23c. DATE SIGNED <b>4/11/49</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>   | 24b. DATE <b>4/11/49</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Belleville, Illinois</b>  | 24d. LOCATION (City, town, or county) (State)   |
| DATE REC'D BY LOCAL REG. <b>4-11-49</b>  | REGISTRAR'S SIGNATURE <b>Therid Bohmeyer M.D.</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>OC. Hoffmeister</b> ADDRESS <b>U&amp;L Co., St. Louis, Mo.</b>  |   |

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

96 0 0

11 0 2

**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.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.