

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38971

State File No. 9978

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Saint Louis, Missouri** c. LENGTH OF STAY (in this place) \_\_\_\_\_

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Saint Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION **5838 Lotus Avenue 3**

d. STREET ADDRESS (If rural, give location) **5231 Goodfellow Avenue**

3. NAME OF DECEASED  
a. (First) **Louis** b. (Middle) **F. J.** c. (Last) **Le Beau**

4. DATE OF DEATH (Month) (Day) (Year) **Nov. 18th, 1949**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Feb. 4th, 1866** 9. AGE (In years last birthday) **83** IF UNDER 1 YEAR Months **9** Days **1 1/2** IF UNDER 1 MRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Painter** 10b. KIND OF BUSINESS OR INDUSTRY **Painting**

11. BIRTHPLACE (State or foreign country) **Saint Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Andrew Le Beau** 13b. MOTHER'S MAIDEN NAME **Julia English** 14. NAME OF HUSBAND OR WIFE **Late Emma Le Beau**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME **Charles Le Beau** ADDRESS **5838 Lotus Avenue**

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **CARCINOMA Head of Pancreas?**

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Generalized Arteriosclerosis?**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **High**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **1540X**

22. I hereby certify that I attended the deceased from **April 1948**, to **Nov 18**, 1949, that I last saw the deceased alive on **Nov. 18**, 1949, and that death occurred at **3:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE **W. S. Weber** (Degree or title) **M.D.** 23b. ADDRESS **1506 Kediamont** 23c. DATE SIGNED **11/19/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11/21/49** 24c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

DATE RECD BY LOCAL REG. **NOV 21 1949** REGISTRAR'S SIGNATURE **J. B. Sauter** 25. FUNERAL DIRECTOR'S SIGNATURE **Calvin F. Feutz** ADDRESS **4828 Natural Bridge Blvd**

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

8266

*[Handwritten mark]*

*1506 No. 9190  
between 2-4 Pm*

**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 Ralph C. Lunders

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.