

FILED JAN 25 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3319  
Registrar's No. 29

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Florissant</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>5</b> TOWN <b>Florissant</b> Rural <b>4050</b>	
c. LENGTH OF STAY (In this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>Shakelford Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Shakelford Road</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>D-Ferdinand</b> c. (Last) <b>La Beau</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 10, 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>SEP. 17-1873</b>	9. AGE (In years last birthday) <b>77</b>	10. UNDER 1 YEAR Days	11. UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Florissant, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Nicholas LaBeau</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Aubuchon</b>		14. NAME OF HUSBAND OR WIFE <b>Salvina Divorced</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE, OR NAME <b>Genevieve Menke</b>		ADDRESS <b>6011-Hancock-Berkely City.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Chronic myocarditis with myocardial degeneration</b> <b>Arterial hypertension with arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterial hypertension with arteriosclerosis</b> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b> <b>15 yrs</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from JAN. 19, 1948, to JAN 6, 1951, that I last saw the deceased alive on JAN 6, 1951, and that death occurred at 2:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert H. Newdow MD</b>		23b. ADDRESS <b>+50 Central Ave, Clayton 5, Mo.</b>		23c. DATE SIGNED <b>1/12/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-13-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Ferdinand Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Florissant, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>1-12-51</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BAUMANN BROS.</b>		ADDRESS <b>2504-Woodson Rd-Overland-11-Mo.</b>	
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RWR (Licensed Embalmer's Statement on Reverse Side)

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

78. Chest - No. 1 Cc. to 1/2 Cc. to 1/4 Cc. to 1/8 Cc. to 1/16 Cc. to 1/32 Cc. to 1/64 Cc. to 1/128 Cc. to 1/256 Cc. to 1/512 Cc. to 1/1024 Cc. to 1/2048 Cc. to 1/4096 Cc. to 1/8192 Cc. to 1/16384 Cc. to 1/32768 Cc. to 1/65536 Cc. to 1/131072 Cc. to 1/262144 Cc. to 1/524288 Cc. to 1/1048576 Cc. to 1/2097152 Cc. to 1/4194304 Cc. to 1/8388608 Cc. to 1/16777216 Cc. to 1/33554432 Cc. to 1/67108864 Cc. to 1/134217728 Cc. to 1/268435456 Cc. to 1/536870912 Cc. to 1/1073741824 Cc. to 1/2147483648 Cc. to 1/4294967296 Cc. to 1/8589934592 Cc. to 1/17179869184 Cc. to 1/34359738368 Cc. to 1/68719476736 Cc. to 1/137438953472 Cc. to 1/274877906944 Cc. to 1/549755813888 Cc. to 1/1099511627776 Cc. to 1/2199023255552 Cc. to 1/4398046511104 Cc. to 1/8796093022208 Cc. to 1/17592186044416 Cc. to 1/35184372088832 Cc. to 1/70368744177664 Cc. to 1/140737488355328 Cc. to 1/281474976710656 Cc. to 1/562949953421312 Cc. to 1/1125899906842624 Cc. to 1/2251799813685248 Cc. to 1/4503599627370496 Cc. to 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Cc. to 1/2571100870224088630510779932469546065243520913066496 Cc. to 1/5142201740448177261021559864939092130487041826132992 Cc. to 1/10284403480896354522043119299878182609740836532265984 Cc. to 1/20568806961792709044086238599756365219481673064531968 Cc. to 1/41137613923585418088172477199512730438963346129063936 Cc. to 1/82275227847170836176344954399025460877926692258127872 Cc. to 1/164550455694341672352689908798050921755853384516255744 Cc. to 1/329100911388683344705379817596101843511706770232511488 Cc. to 1/658201822777366689410759635192203687023413540465022976 Cc. to 1/1316403645554733378821519270384407374046827080930045952 Cc. to 1/2632807291109466757643038540768814748093654161860091904 Cc. to 1/5265614582218933515286077081537629496187308323720183808 Cc. to 1/10531229164377867030572154163072579933746166447440367616 Cc. to 1/21062458328755734061144308326145159867492332894880735232 Cc. to 1/42124916657511468122288616652290319734984665789761470464 Cc. to 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to 1/276069853806667157486231005772458464457627506380272399904 Cc. to 1/552139707613334314972462011544916888915455012760544799808 Cc. to 1/1104279415226668629944924022899837779828910025521089597616 Cc. to 1/2208558830453337259889848045799675559657820051041791955232 Cc

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 3454

working under my personal supervision.

Student Embalmer No.....

Signed David C. Gibson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.