

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39810

State File No.

318

1003

Registrar's No. 10609

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>2229</u> <u>2229</u> <u>St Louis</u>		d. STREET ADDRESS (If rural, give location) <u>1260 S. Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print)		b. (Middle) <u>T.</u>		c. (Last) <u>THEBAU</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 25, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 11, 1863</u>		9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Washington Co., Mo</u>				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Zeipel Thebau</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Delta Thebau</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Thebau</u> ADDRESS <u>1260 S. Broadway St. Louis, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> 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. <u>Generalized arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		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? <u>H9IX</u>					
22. I hereby certify that I attended the deceased from <u>11-11-51</u> , 19 <u>51</u> , to <u>11-25-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-25-51</u> , 19 <u>51</u> , and that death occurred at <u>0:55 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John T. Lawton, M.D.</u>				23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>11-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & Re</u>		24b. DATE <u>Nov 28, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Richwood, Mo</u>	
DATE REC'D BY LOCAL REG. <u>NOV 29 1951</u>		REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheldon W. Mitchell, M.C.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ben Hoffmann*

Licensed Embalmer No. *4366*

P. O. Address *Peas...*

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.