

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21462

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Prepops</u>		2. USUAL RESIDENCE (Where deceased lived. If not usual residence, before adjustment) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rosati</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Prepops Co. Mem. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAYIE</u> b. (Middle) <u>HEBEAU</u> c. (Last) <u>HEBEAU</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1952</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>1912</u>		9. AGE (If years last birthday) <u>39</u>		10. MONTHS <u>10</u> DAYS <u>18</u> HOURS <u></u> MIN. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail-Shop</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Fred H. Beau</u>		13b. MOTHER'S MAIDEN NAME <u>Tillie M. Ward</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>H 89-07-2354</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C.F. Jarvis</u> ADDRESS <u>Rosati, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
		* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u>		<u>10 mon.</u>	
		DUE TO (c)			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 June 14, 1952, to June 22, 1952, that I last saw the deceased alive on June 21, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>F. A. Elders, M.D.</u> (Doctor or title)		23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>6-23-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>June 23-1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank D. Shaul</u> ADDRESS <u>Cuba, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number _____
Date Filed 6-30-52

JUL 2 1952

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 Joseph A. Thacker

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.