

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

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REG. 538 SL 531

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43773

FILED JAN 18 1955 318

State File No. \_\_\_\_\_  
Registrar's No. 11765

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY OR TOWN <b>St. Louis 6, Mo.</b>		c. LENGTH OF STAY (in this place) <b>260</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL 5</b>						
3. NAME OF DECEASED a. (First) <b>EDWARD</b>			b. (Middle) <b>J.</b>		c. (Last) <b>LEBEAU</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>12-25-54</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>1-19-91</b>		
9. AGE (In years last birthday) <b>63</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>EXPEDITOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CIVIL SERVICE</b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>LEWIS A. LEBEAU</b>		13b. MOTHER'S MAIDEN NAME <b>LAURA HAYDER</b>		14. NAME OF HUSBAND OR WIFE <b>MARY L. LEBEAU</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>497092538</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE CARDIAC FAILURE</b>  ANTECEDENT CAUSES DUE TO (b) <b>CALCIFIC AORTIC STENOSIS</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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				
19c. INTERVAL BETWEEN ONSET AND DEATH <b>10 MINUTES</b>		19d. 3 YEARS				
19e. 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4211</b>		
22. I hereby certify that I attended the deceased from <b>4-9</b> 19 <b>54</b> , to <b>12-25</b> , 19 <b>54</b> , and that death occurred at <b>7:30 a</b> m., from the causes and on the date stated above.						
23a. SIGNATURE <b>John M. Mc Carthy</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>		23c. DATE SIGNED <b>12-25-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 28, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		24e. DATE REC'D BY LOCAL REG. <b>DEC 27 1954</b>				
24f. REGISTRAR'S SIGNATURE <b>[Signature]</b>		24g. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>				
24h. ADDRESS <b>40 Lindell Blvd.</b>		24i. (Licensed Embalmer's Statement on Reverse Side)				

**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~~ me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. D. [Signature].....

Licensed Embalmer No. 462.....

P. O. Address 3870 [Address].....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.