

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2500

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>31</u>							
1. PLACE OF DEATH a. COUNTY <u>STE. FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>									
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Francois Twp.</u>		c. LENGTH OF STAY (in this place township) <u>27 1/2 yrs.</u>		c. CITY OR TOWN <u>FESTUS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #4</u>				e. STREET ADDRESS (If rural, give location) <u>714 JEFFERSON</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugenia (Jennie)</u>			b. (Middle)		c. (Last) <u>LeBoube</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 18, 1957</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N. M.</u>		8. DATE OF BIRTH <u>UNKNOWN 1881</u> <u>6-28-1880</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>FRANCE</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A. (?)</u>			
13a. FATHER'S NAME <u>JOHN LEBOUBE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY A. ANTOINE</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nellie LeBoube, Festus, Mo.</u>			ADDRESS <u>Records, State Hosp. #4, Farmington, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of Right Foot - - - - -</u>								<u>1 week.</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis of right femoral artery -</u>								<u>2 weeks.</u>			
		DUE TO (c) <u>Generalized arteriosclerosis - -</u>								<u>Unknown.</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental deficiency with periods of Excitement.</u>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>454X</u>								20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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?								
22. I hereby certify that I attended the deceased from <u>Jan. 11, 1957</u> , to <u>Jan. 18, 1957</u> , that I last saw the deceased alive on <u>Jan. 18, 1957</u> , and that death occurred at <u>4:55 p. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>John L. Brennan, M.D.</u>						23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo. 1-19-57.</u>			23c. DATE SIGNED				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-21-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>FESTUS, MO.</u>						
DATE REC'D BY LOCAL REG. <u>Jan. 19, 1957</u>		REGISTRAR'S SIGNATURE <u>Eather Redloff</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>VINYARD FUN'L HOME, FESTUS, MO.</u>			ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

APR 13 1951

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 .....

Signature of Student Embalmer

Signed

*Walter B. Vinograd*

Licensed Embalmer No. 4976

P. O. Address FE 5745, W.

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.