

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1957

42690
11591
State File No. Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY WASHINGTON	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS		c. CITY OR TOWN CADET	
c. LENGTH OF STAY (in this place) 6 WKS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSP		e. STREET ADDRESS (If rural, give location) KINGSTON TWP.	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIS b. (Middle) _____ c. (Last) THEBEAU		4. DATE OF DEATH (Month) (Day) (Year) DEC. 3 1957	
5. SEX M	6. COLOR OR RACE N	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 6, 1882
9. AGE (In years last birthday) 75		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. BIRTHPLACE (City and State or Foreign Country) WASH. CO. MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. MINER		10b. KIND OF BUSINESS OR INDUSTRY BARITE	
11. BIRTHPLACE (City and State or Foreign Country) WASH. CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ZENO THEBEAU		13b. MOTHER'S MAIDEN NAME ELIZA NICHOLS	
14. NAME OF HUSBAND OR WIFE MARTHA THEBEAU		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK.	
16. SOCIAL SECURITY NO. UNK.		17. INFORMANT'S SIGNATURE OR NAME MARTHA THEBEAU ADDRESS CADET	
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) Generalized Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) The left lung old DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 450.0A	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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 9/1 1957 , to 12/2 , 1957, that I last saw the deceased alive on 12/2 , 1957, and that death occurred at 5A. m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Edward J. Becker MD		23b. ADDRESS ST. LOUIS 1 205 FRISCO BLDG (MO.)	
23c. DATE SIGNED 12/3/57		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE Dec. 6 1957		24c. NAME OF CEMETERY OR CREMATORY ST. JOACHIMS	
24d. LOCATION (City, town, or county) (State) OLD MINES Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ARTHUR SMITH ADDRESS POTOSI Mo.	
DATE REC'D BY LOCAL REG. DEC 3 57		REGISTRAR'S SIGNATURE J. Carl Smith, Jr.	

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

DEC 13 1957

DEC 31 1957

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 *Donnell B. Dietrich*.....

Licensed Embalmer No. *4104*.....

P. O. Address *Deloitte Ma*.....

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.