

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

STATE FILE NUMBER 2606

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 27

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hosp</b>		Length of stay in 1b	d. STREET ADDRESS <b>2315 Allen Ave</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Leslie</b> Middle <b>Andrew</b> Last <b>Barbeau</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>2</b> Year <b>1958</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 26 1907</b>		9. AGE (In years last birthday) <b>50</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Prairie Du Rocher Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
13a. FATHER'S NAME <b>John L Barbeau</b>		13b. MOTHER'S MAIDEN NAME <b>Mary M. Langlois</b>		14. NAME OF HUSBAND OR WIFE <b>Irene</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Irene Barbeau 2135 Allen Ave</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Rhabdomyosarcoma</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____				<b>1979</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <b>12/5/57</b> to <b>1/2/58</b> . and last saw him alive on <b>1/1/58</b> . Death occurred at <b>Lutheran Hospital</b> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>C. E. Stindel</b> (Degree or title) <b>C. E. Stindel, M. D., M. D.</b>		22b. ADDRESS <b>3701 Grandel Sq.</b>		22c. DATE SIGNED <b>1/3/58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1/5/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Joseph Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Prairie Du Rocher Ill</b>	
24. FUNERAL DIRECTOR <b>Moynell Funeral Home 1926 Allen</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>JAN 3 '58</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Renshell K. Lohmann* .....

Licensed Embalmer No. *3395* .....

P. O. Address *St. Louis 4 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.