

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017682

STATE FILE NUMBER

FILED JUN 9 1958

Registration District No. 88

Primary Registration District No. 5327

Registrar's No. 19

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Union Township</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> 2019		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Steelville, Mo.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>6300 Michigan</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Irene</b> Middle <b>P.</b> Last <b>Tebeau</b>			4. DATE OF DEATH Month <b>May</b> Day <b>31</b> Year <b>1958</b>		
5. SEX <b>Female</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>May 15, 1901</b>	9. AGE (In years at birth) <b>57</b> IF UNDER 1 YEAR: 0 months, 16 Days, 0 Hours, 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Belleville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Julius Bushman</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Albert J. Tebeau</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Albert J. Tebeau 6300 Michigan</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>Pulmonary embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>4500</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b> <b>10 years</b>
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 Death occurred at <b>5-31-58</b> to <b>5-31-58</b> and last seen <sup>her</sup> alive on <b>Did not see her alive</b> <b>11:50 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Ch. D. Steelville, Mo.</b>		22b. ADDRESS <b>Steelville, Mo.</b>		22c. DATE SIGNED <b>6-3-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>June 3, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
23d. LOCATION (City, town, or country) <b>St. Louis, County, Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>Schumacher's 3013 Meramec St. St. Louis, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6/4/58</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Hazel Lichius</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS  
MAY 27 1959  
JUN 26 1958

VS  
JUL 6 1958

Albert J. Teban 6300 Michigan U.S.A.  
 Albert J. Teban Home Belleville, Ill.  
 Unknown Home Belleville, Ill.  
 Albert J. Teban 6300 Michigan U.S.A.

Julius Bushman Housewife  
 Irene White Female  
 Crawford Union Township Steelville, Mo.

May 15, 1901 P. Teban  
 May 31 1908

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 *Jack Haupt* .....  
 Licensed Embalmer No. *4746* .....  
 P. O. Address *St. Louis, 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.

Schumacher's 3013 Meramec St.