

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS NOV 28 1960

318

1003

11152-60-044285

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY c. CITY OR TOWN d. STREET ADDRESS (If outside, give location)	
St. Louis		Missouri Washington	
Length of stay in lb 2 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
2313 So. 11th. Street		Richwoods Junc. Hy. N. & 47	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Delia Thebeau			4. DATE OF DEATH Month Day Year 11 18 1960			
5. SEX Female	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/26/1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Washington Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frank Courtois		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James Thebeau		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Francis A. Thebeau, St. Louis, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Throat infection - could not swallow.</u> DUE TO (b) <u>Upper Respiratory Acute diffuse</u> DUE TO (c) <u>475x</u>		INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		Taken 10 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Nephritis, Senile Dementia 1 year, Arteriosclerosis.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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. :	Month, Day, Year :	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 <u>Dec 1959</u> to <u>Nov 14, 1960</u> and last saw her alive on <u>Nov 14, 1960</u> Death occurred at <u>5:00 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						

22a. SIGNATURE (Degree or title) <u>Leroy E. Ellison MD</u>			22b. ADDRESS <u>3610 50 Broadway St. Louis Mo</u>		22c. DATE SIGNED <u>11/18/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY Horine Cemetery	23d. LOCATION (City, town, or county) (State) Richwoods, Mo.		
24. FUNERAL DIRECTOR Arthur W. Smith, Potosi, Missouri		ADDRESS NOV 19 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Samuel B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Dakota

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.