

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**1 PLACE OF DEATH**

County .....  
Township.....  
or  
Village.....  
or  
City: St Louis (NO. 410 Locust St.; 5 Ward)

Registration District No. 791 File No. 18677  
Primary Registration District No. 1008 Registered No. 5175

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** Oliver P Tebeau

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Male      **4 COLOR OR RACE** white      **5 SINGLE MARRIED WIDOWED OR DIVORCED** married  
(Write the word)

**6 DATE OF BIRTH** Dec 5<sup>th</sup> 1864  
(Month) (Day) (Year)

**7 AGE** 53 yrs. 5 mos. 10 ds.      If LESS than 1 day, hrs. or min.?

**8 OCCUPATION**  
(a) Trade, profession, or particular kind of work Salon Keeper  
(b) General nature of industry business, or establishment in which employed (or employer)

**9 BIRTHPLACE** (City or town, State or foreign country) St Louis Mo

**PARENTS**

**10 NAME OF FATHER** Louis Tebeau

**11 BIRTHPLACE OF FATHER** (City or town, State or foreign country) Canada

**12 MAIDEN NAME OF MOTHER** Louise Boudry

**13 BIRTHPLACE OF MOTHER** (City or town, State or foreign country) Maryland

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Informant) H. W. Fath  
(Address) Courthouse Office

**15** May 29 1918  
Filed..... 1918 Max C. Starkoff  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** May 16<sup>th</sup> 1918  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, that I attended deceased from ..... 191..... to ..... 191.....  
that I last saw h..... alive on ..... 191.....  
and that death occurred, on the date stated above, at 6<sup>2</sup> m.  
Found dead

The CAUSE OF DEATH\* was as follows:  
Hemorrhage of Brain due to gunshot wound of Head  
(Duration) ..... yrs. 15 mos. .... ds.

**CONTRIBUTORY** .....  
(Secondary) Suicide  
(Duration) ..... yrs. .... mos. .... ds.  
(Signed) H. W. Fath M.D.  
5/11 1918 (Address) Deputy Coroner

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death..... yrs..... mos..... ds.      In the State..... yrs..... mos..... ds.  
Where was disease contracted if not at place of death? .....  
Former or usual residence America Roe Hotel

**19 PLACE OF BURIAL OR REMOVAL** Calvary      **DATE OF BURIAL** 5-16 1918

**20 UNDERTAKER** Arthur J. Donnelly      **ADDRESS** 2039 Wash St