WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.
10319

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....
Township ..... Primary Registration District No. 1093 Registered No. 2911
City St Louis (No. 4635 Newberry Terrace St. ..... Ward)

2. FULL NAME Louis N Beals, Sr.

(a) Residence. No. 4635 Newberry Terrace St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Weltha E Beals

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-30-1843

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	5	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Accountant
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Striker
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Thomas Beals
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Maria Webster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Weltha E. Beals
(Address) 4635 Newberry Terrace

15. FILED 4 25 1927 Max C. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 25th 1927

17. I HEREBY CERTIFY, That I attended deceased from March 21, 1927, to March 25, 1927, that I last saw him alive on March 24, 1927, and that death occurred, on the date stated above, at ..... a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
Hypertension
Cardiac
Cerebral Hemorrhage
One hour (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) C. E. Munson, M. D.
3/25, 1927 (Address) 3201 N. Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Walhalla	3-26 1927
20. UNDERTAKER	ADDRESS
Arthur J Donnelly	2039 Walton