MAY 7 1936

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

Do not use this space.

17642

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township St Anns Hospital Primary Registration District No. 1003 Registered No. 4425

City St Louis Mo (No. St Anns Hosp St. ..... Ward)

2. FULL NAME Robert Beasley

(a) Residence, No. St Anns Hospital 5301 Page 6 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 - 1936

7. AGE — YEARS — MONTHS — DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Sarah Beasley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marissa Ill

17. INFORMANT (ADDRESS) Sister Joe 5301 Page St Anns Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 23, 36

19. UNDERTAKER (ADDRESS) Chas J Hatcher 5300 Page Ave

20. FILED APR 23 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1936, to April 22, 1936.

I last saw him alive on April 31, 1936. Death is said to have occurred on the date stated above, at 2.250 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
157C	

Other contributory causes of importance:

Pre-maturity

Name of operation none Date of .....

What test confirmed diagnosis? Routine. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John B. O'Neill M. D.

(Address) 319 Univ. Club Bldg

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.