

NOV 15 1937

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

36125
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township **St. Louis** Primary Registration District No. **1003**
(c) City (d) Street No. **City Hospital 0.1** Registered No. **9702**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 10465

2. PRINT FULL NAME

Peggy Joyce Beehinger
(a) Residence, No. **1604 South 4th** St. **23** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **female** 4. COLOR OR RACE **white** 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) **Dec 21, 1935**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/18/37**
22. I HEREBY CERTIFY, That I attended deceased from **10/17/37** to **10/18/37**, 19...
I last saw h... alive on **10/18/37** Death is said to have occurred on the date stated above, at **9.05 a** m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Primary Broncho-pneumonia 1937
107a
Other contributory causes of importance:
dehydration 1937
Malnutrition Secondary to Broncho Pneumonia 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

13. NAME **Louis Joyce Boehinger**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Grace Lancaster**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS Peter Paul** DATE **10/20 1937**

19. FUNERAL DIRECTOR (ADDRESS) **W. M. McLaughlin**
2201 Lafayette

20. FILED **OCT 15 1937** **J. P. Bredeck** Local Registrar

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) **J. W. Burnett**, M. D.
(Address) **City Hospital no. 1**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHISICIAN'S SIGNATURE SHOULD BE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

000
1
2
1

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.

Signed L.R. Cooper
Licensed Embalmer No. 3633

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.)