REC'D MAY 10 1939

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

791

13071

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 3413

(c) City St. Louis, Missouri (d) Street No. Barnes Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred — yrs. 3 mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Melvin Beasley

(a) Residence, No. ..... St. NR East Alton, Ill. RR#1
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Aug. 31, 1907.

7. AGE: YEARS 31 MONTHS 7 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. General Hauling
9. Industry or business in which work was done, as saw mill, bank, etc. For Self.
10. Date deceased last worked at this occupation (month and year) June 1938.
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glen Allen Missouri

FATHER

13. NAME William Lee Beasley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Lucinda Fowler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT (ADDRESS) Elvin Beasley R.R. #1 East Alton, Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Fillmore Township, Mo. Ballinger County DATE Apr. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robert H. Streeper 2521 Edwards St. Alton Ill.

20. FILED APR 12 1939 19 J. F. Bichak Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-31-39, 19, to 4-11-39, 19

I last saw him alive on 4-11-39, 19 Death is said to have occurred on the date stated above, at 4 07 P.M.

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

	Date of onset
Constrictive pericarditis	July 1937
Pulmonary tuberculosis - bilateral	1937

Other contributory causes of importance:

Rheumatic heart disease	late 1937
Bilateral maxillary sinusitis	early 1937
Decompensation	several episodes in 1937 + 1938

Name of operation Pericardectomy Pericardiolysis Date of ~~March 30, 1939~~

What test confirmed diagnosis? Was there an autopsy? No

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?

If so, specify

(Signed) Alfred Gellhorn, M. D.

(Address) Barnes Hospital

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
Robert H. Streeper, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.