

REC'D SEP 14 1939 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis 3  
(b) City or town St. Louis  
(c) Name of hospital or institution En Route City Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_

3. (a) PRINT FULL NAME A. E. BEESE 2ND

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years about 32 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation Circus man

11. Industry or business Barnett Circus

12. Name Unknown

13. Birthplace " "  
(City, town, or county) (State or foreign country)

14. Maiden name " "

15. Birthplace " "  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature B. F. WILLE-P  
(b) Address S. S. D. H. D. & S.

17. (a) \_\_\_\_\_ (b) Date thereof 8-16-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Fisher  
(b) Address 2000 Rutger

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Signature) (Signature)

2. US RESIDENCE OF DECEASED:

(a) State Unknown (b) County 9  
(c) City or town Unknown   
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26  
year 1939 hour 10 minute 17 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage due to Fracture of the Skull, Pneumonia, suffocated Duration \_\_\_\_\_  
Due to when struck by rock or brick or other missile

Due to Thrown by party or parties unknown to jury at this

Other conditions Temp. 104.0 F. at death  
(Include pregnancy within 3 months of death)

Major findings: Circus records at about  
Of operations 3610 Forest Park Blvd  
about 10:15 P. M. July 26  
Of autopsy Hemorrhage  
Under the name by which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide  
(b) Date of occurrence 7/26/39  
(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify part of place) (e) Means of injury \_\_\_\_\_

23. Signature Joseph M. Fisher (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 5-17-39 I 191511

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.

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**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, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

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