

Registration District No. 787Primary Registration District No. 113Registrar's No. 658

## 1. PLACE OF DEATH:

- (a) County St. Louis County  
 (b) City or town Florissant Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) 2  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 years, months or days 1 3 6

3. (a) PRINT FULL NAME Marie Antoinette Harney Beauregard

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced \_\_\_\_\_6. (b) Name of husband or wife Henry T. Beauregard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Oct 7 1868  
(Month) (Day) (Year)8. AGE: Years 72 Months 5 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)10. Usual occupation Archivist + Curator11. Industry or business Mo. Historical Society12. Name John Mullanphy Harney13. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)14. Maiden name Mary Kimball15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)16. (a) Informant's own signature James M. Dovelos(b) Address Jefferson City Mo17. (a) Burial (b) Date thereof APR - 4 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY18. (a) Signature of funeral director WAGNER UND. CO(b) Address 3621 OLIVE ST19. (a) APR - 3 1940 (b) [Signature]  
(Date received by Registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1940 hour 6 minute 15 P.M.21. I hereby certify that I attended the deceased from Mar 29  
\_\_\_\_\_, 1940, to Mar 31, 1940;  
that I last saw her alive on Mar 31, 1940;  
and that death occurred on the date and hour stated above.Immediate cause of death Bronchopneumonia  
Arteriosclerotic heart disease  
Due to ArteriosclerosisDue to 95 & 2Other conditions Essential hypertension  
(Include pregnancy within 3 months of death) 10 yearsMajor findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
707 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Barrett L. Tansley (M. D. or other) MD  
Address 634 N. Grand Date signed Apr 3 1940

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Elmer O Grothe*

Licensed Embalmer No. 3351

P. O. Address. 3621 Olive St.

**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.**