

MAY 15 1940 791  
Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis Children's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour  
(Specify whether years, months or days)  
In this community 7 months 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5129 Wells  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Bealler, Doris 460

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced child

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

7. Birth date of deceased 8 39 39  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 7 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis (City, town, or county) MO A (State or foreign country)

10. Usual occupation child

11. Industry or business child

12. Name Henry

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

14. Maiden name Frances Schmidt

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

16. (a) Informant's own signature [Signature]

(b) Address 507 So. Kingshighway

17. (a) Burial (b) Date thereof 3/4/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) APP 2 1940 (b) [Signature]  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day one  
year 1940 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 1, 1940 to April 1, 1940  
that I last saw her alive on 4-1, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure, no definite heart failure  
Due to Cardiac Anomalies  
Delayed development  
Due to \_\_\_\_\_

Duration

Other conditions Feeding Problem  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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

PHYSICIAN

Underline the cause to which death should be charged statistically

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 507 So. Kingshighway Date signed \_\_\_\_\_

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. *1284*

P. O. Address *St Louis Mo.*

**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.**