

No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20364

State File No. _____
Registrar's No. 5312

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH: Isolation Hospital
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or 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. 5600 Arsenal St. 13
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME EDWARD BEAUGARD 263
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18
year 1940 hour 7 minute 7 P.M.
21. I hereby certify that I attended the deceased from 5/23/39
_____ 19____, to 6/18 1940;
that I last saw him alive on June 18, 1940 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ada Beaugard 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased: March 8 1889
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Dysentery

8. AGE: Years 50 Months 3 Days 10 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name David Beaugard
13. Birthplace Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Mary ?
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy No

16. (a) Informant Stella Grady
(b) Address 5600 Arsenal St.

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? _____

17. (a) Buried (b) Date thereof June 20 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Frederickstown Mo.

While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director Boorman Brown
(b) Address Overland Mo.

23. Signature W. Maxwell (M. D. or other) _____
Address 5600 Arsenal, St. Louis Date signed 6/19/40

19. (a) JUN 19 1940 (b) _____
(Date received local registrar) (Registrar's signature)

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

NOV 22 1943

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.