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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 25 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26692

Registrar's No. 6588

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: City Hospital # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME William Beathalter 347

3. (b) If veteran, name war ~~No.~~ World

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Elizabeth

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May (Month) 13 (Day) 1889 (Year)

8. AGE: Years 51 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation Sheet Metal Worker

11. Industry or business (retired)

FATHER 12. Name Unknown Beathalter

FATHER 13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name Flora Unknown

MOTHER 15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Gertrude Hellman

(b) Address 7817 So. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-40 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetary

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 2 1940 (Date received local registrar) (b) J. G. Frederick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State O (b) County

(c) City or town St. Louis Mo 14
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 Montgomery
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1940 hour 4:00 minute P. M.

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

Immediate cause of death Cirrhosis of Liver — Duration
Chronic Interstitial Nephritis
Heat Exhaustion

Due to

Due to Heat Stroke

Other conditions
(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 Joseph [illegible] (M. D. or other)

Address [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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: Albert E. Hoppe

Licensed Embalmer No. 2921

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.