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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8581**
Registrar's No. **1991**

Registration District No. **741** Primary Registration District No. **1003**

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: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 mos-22 days**
(Specify whether _____)
In this community **17 years**
(years, months or days)

3. (a) PRINT FULL NAME **Lawson Beal**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **col**
6. (a) Single, widowed, married, divorced **Separated**
6. (b) Name of husband or wife **Georgie Beal**
6. (c) Age of husband or wife if alive **44** years
7. Birth date of deceased **Sept 10 1889**
(Month) (Day) (Year)

8. AGE: Years **50** Months **5** Days **15**
If less than one day hr. _____ min. _____

9. Birthplace **Baxter** / **MISS**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business _____

MOTHER FATHER
12. Name **A.C. Beal**
13. Birthplace **Decatur** / **MISS**
(City, town, or county) (State or foreign country)

14. Maiden name **Susie Hardy**

15. Birthplace **Decatur** / **MISS**
(City, town, or county) (State or foreign country)

16. (a) Informant **Andrew Beal, Jr.**

(b) Address **3221 Pine St.**

17. (a) **Removal** (b) Date thereof **3-3-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Local Miss.**

18. (a) Signature of funeral director **Ellis F. Hume**

(b) Address **2820 Stoddard St.**

19. (a) **MAR 3 1941** (b) **J. A. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **2117**
(If outside city or town limits, write "RURAL")
(d) Street No. **3221 Pine St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **25**
year **1941** hour **2:50** minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from **August 2**, 19 **40** to **February 25**, 19 **41**
that I last saw him **alive** on **February 25**, 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Paresis**
Duration **Indef.**

Due to _____

Due to _____

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

Major 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? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **J. E. Brown** (M. D. or other) _____

Address **2601 W. Whittier St.** Date signed _____

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

1991
166T

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

L. Boggs
Miss

Registered Apprentice No.

working under my personal supervision.

Signed

Thomas Baykner

Licensed Embalmer No.

2946

P. O. Address

St. Louis 9 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, fact should be so stated above.