

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 8952  
2362  
Registrar's No.

Registration District No. 7917

Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution St. Louis City Hospital #1  
(d) Length of stay: In hospital or institution 3 Days  
In this community years, months or days

3. (a) PRINT FULL NAME Mary Beasecker  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced 2 Widow  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Feb. 2 1871 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 11 If less than one day hr. min.

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

10. Usual occupation nil

11. Industry or business

12. Name Busch Bailey  
13. Birthplace Ky (City, town, or county) (State or foreign country)

14. Maiden name Arbella Couch  
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant James Pato  
(b) Address 6450 Marquette Ave.

17. (a) Burial (b) Date thereof 3/15/41 (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director E. J. Schaur  
(b) Address E. J. Schaur 3125 Lafayette

19. (a) MAD 15 1941 (Date received local registrar)  
(b) F. Bredelch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town Normandy  
(d) Street No. 7601 Santa Monica Ave  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13, year 1941 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from March 11, 1941 to March 13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to  
Due to  
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)  
(a) Means of injury  
23. Signature H. W. Fitzgerald (M. D. or other)  
Address 1515 Lafayette Avenue, Day 4/11

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

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17  
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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 Joe B. Vollmer  
Licensed Embalmer No. 4014  
P. O. Address 3125 Lafayette Ave

**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.**