

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16692

State File No.

4210

Registration District No. 791

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:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 1317 Blair Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sam Beasley

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-10-5549

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife Ida Beasley

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased 12-25-1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Cascadia Parish La
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business

12. Name David Beasley

13. Birthplace Cascadia Parish La
(City, town, or county) (State or foreign country)

14. Maiden name Marie Stevenson

15. Birthplace Cascadia Parish La
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Beasley

(b) Address 1317 Blair Ave

17. (a) BURIAL (b) Date thereof 5-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Jackson

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Juniper Ave

19. (a) MAY 20 1941 (b) J. B. Blodick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16
year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 4-21- 19 41 to 5-16- 19 41
that I last saw im alive on 5-16- 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

Due to Ca. of Prostate 2 yrs.

Other conditions (Include pregnancy within 3 months of death) 51

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. E. Fletcher (M. D. or other) 0
Address 2601 N. Whittier St. Date signed 5-17-41

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

MOTHER FATHER

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.....

S. J. Watson
.....
Licensed Embalmer No. *3695*

P. O. Address *279 Chouteau*

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.