. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16732

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4250

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:
3225 No. Florissant Ave. /
(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 Mo. (b) County 600

(c) City or town St. Louis. 2017
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 No. Florissant Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Julia Beddies.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 19, (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Laromore Road, St. Louis/County.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name August Beddies.
13. Birthplace Dont Know. 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Lynch.
15. Birthplace Dont Know. 9
(City, town, or county) (State or foreign country)

16. (a) Informant J. F. Beehler.
(b) Address 4935 Columbia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) MAY 21 1941 (Date received local registrar) (b) J. F. Bedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1941. hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from May 2, 1941 to May 20, 1941; that I last saw her alive on May 20, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	3 weeks
Due to	
Due to	
Other conditions Anteriosclerosis (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Anthony A. Piekarski (M. D. or other) M.D.
Address 1525a Cass Ave. Date signed 5/21/41

(Licensed Embalmer's Statement on Reverse Side)

NA [illegible]
1525 a [illegible]

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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

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