

S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23634

State File No. _____

FILED AUG 28 1941 791

Primary Registration District No. _____

Registrar's No. 5926

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000/17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 117
(d) Street No. 3716 St. Louis Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Thelma Beauvais

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-01-4287

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

7. Birth date of deceased. June 11 1913
(Month) (Day) (Year)

8. AGE: Years 28 Months 1 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe Worker

11. Industry or business Shoe Factory

12. Name James C. Beauvais

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

14. Maiden name Emma Dorsey

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

16. (a) Informant James C. Beauvais

(b) Address 3716 St. Louis Ave.

17. (a) Burial (b) Date thereof 7-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) JUL 22 1941 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1941 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 13, 1941 to July 19, 1941 that I last saw her alive on July 19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Epidemic Hemorrhagic Encephalitis Duration 10 days

Due to _____
Due to 17 27

Other conditions Massive Subdural Hemorrhage 14 hrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Ac. Hemorrhagic Epidemic Encephalitis

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 [Signature] (M. D. or other) [Signature]
Address 41 No 3 Street Date signed 7-21-41

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

00
17
9

[Handwritten mark]

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 *Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.