

DEC 22 1941 791

Registration District No. _____

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: City Hospital #1 0
 (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 days3. (a) PRINT FULL NAME Artie Beal

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Wid. 26. (b) Name of husband or wife Jackson Beal 6. (c) Age of husband or wife if alive Deed years7. Birth date of deceased July 12th, 1889
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
52 4 6 _____ hr. _____ min.9. Birthplace Ill. /
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business _____

12. Name ? Watson13. Birthplace Ill. /
(City, town, or county) (State or foreign country)14. Maiden name Fannie Pantance
15. Birthplace Ill. /
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Bethuel Beal(b) Address 1438 Granville Pl.17. (a) Burial (b) Date thereof 11-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Stonington, Ills.18. (a) Signature of funeral director Provost Und. Co.(b) Address 3710 N. Grand Blvd.19. (a) NOV 20 1941 (b) J. Z. Budzich
(Date received local registrar) (Registrar's signature)

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. 1438 Granville Place
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th.
year 1941 hour 8.15 minute _____ P. M.21. I hereby certify that I attended the deceased from November 1940, to November 19 1941;
that I last saw him alive on November 18 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusionDue to Coronary diseaseOther conditions Thrombosis of femoral artery
(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 _____

23. Signature H. H. Fuller M.D. (M. D. or other) _____
Address 2739 N. Grand Date signed 11-19-41

Duration

Day1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smothers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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, above space should be left blank.