

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Isolation Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2013 North Market
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Shirley Ann Beggs

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 March 26, 1938
 (Month) (Day) (Year)

8. AGE: Years 3 Months 7 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name James J. Beggs

13. Birthplace Illmo, Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Dorothy Bretzel

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

16. (a) Informant Mrs. Minna(b) Address 5600 Arsenal

17. (a) Removal (b) Date thereof 11 28 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chaffey mo(a) Signature of funeral director Hubert Hoff(b) Address Chaffey mo

19. (a) NOV 27 1941 (b) J. F. Budesh
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25,
 year 1941 hour 1:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11/15/41
 _____ 19 _____ to 11/25/41 19 _____
 that I last saw her alive on 11/25/41
 and that death occurred on the date and hour stated above.

Immediate cause of death 10 iph thera,
pharyngeal Duration _____

Due to _____

Due to _____

Other conditions acute myocarditis;
 (Include pregnancy within 3 months of death) brain chlo pneumonia

Major findings: _____
 Of operations _____

Of autopsy as above
 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 Dr. Maxwell (M. D. or other) _____

Address Isolation Hospital Date signed 11-25-41

NOV 27 1941

9408

9408

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.....

John Hetter

Licensed Embalmer No. 3880

P. O. Address.....

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

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