

078
No. 2
-1-4-41
5-17-39
X26390

Registration District No. 19191

Primary Registration District No. 1003

Registrar's No. 10126

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:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether _____)
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. James Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 6004 Pennsylvania
(Rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Annabell Beeler

3. (b) If veteran, name war 1 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marian Beeler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 25 1866
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 25
If less than one day _____ hr. _____ min.

9. Birthplace St James Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business 6005 Pennsylvania

12. Name Frank Fendler

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

14. Maiden name Elizabeth Ryan

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

16. (a) Informant Marian Jagan
(b) Address 6004 Pennsylvania

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

(c) Place: burial or cremation Park Lawn
18. (a) Signature of funeral director Frank Jagan
(b) Address 7420 Michigan

19. (a) DEC 22 1941 (b) J. J. Predeck
(Date received for recording) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20,
year 1941 hour 2:40 minute A. M.

21. I hereby certify that I attended the deceased from December 15, 1941 to December 20, 1941;

that I last saw him or her alive on December 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease multiple pulmonary infarcts

Due to chronic cholecystitis & lithiasis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration _____
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 Drewson Steiner (M. D. or other) _____

Address 1515 Lafayette Ave. Date 12/20/41

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

Oliver E. ...

Licensed Embalmer No. *4148*

P. O. Address *... -*

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.