

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3697

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 228

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6529 Page Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1942 hour 2 minute :10 P.M.
21. I hereby certify that I attended the deceased from 1-6-42
to 1-28-42
that I last saw him alive on 1-28-42
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure
Duration 4 hrs

Due to Arterio Sclerotic C.V. renal disease
chr

Due to Hypertrophy of prostate

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

Major findings: 131a
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? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature Edward J. Becker (M.D. or other)
Address St. Louis, Mo. Date signed _____

3. (a) PRINT FULL NAME Beauregarde Underwood

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Minnie Orr 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased: Feb. 11 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 17
If less than one day hr. _____ min. _____

9. Birthplace: Perry Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business _____

12. Name Marion Underwood

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

14. Maiden name Anna Elizabeth Shrouf

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

16. (a) Informant Mrs. Florence Crehen

(b) Address Perry, Mo.

17. (a) Burial (b) Date thereof 1-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)
Memorial Park

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Geo. L. Pleitsch

(b) Address 5966 Boston

19. (a) JAN 30 1942 (b) E. H. Me. L. H. M. J.
(Date received local relation) (Registrar's signature)

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

6
2
3

FEB 13 1912

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.....

David C. Gibson

....., Registered Apprentice No.

working under my personal supervision.

Signed *David C. Gibson*

Licensed Embalmer No. *34524*

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.