

FILED MAR 17 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1845**

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 **St. Louis City Hosp #10**
(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 days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **23500**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **Pacific Hotel 905 Market**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Henry O. Beavers**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **9**

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

7. Birth date of deceased **abt** (Month) (Day) (Year) **1894**

8. AGE: Years **48** Months _____ Days _____ If less than one day hr. min.

9. Birthplace (City, town, or county) **unknown** (State or foreign country) _____

10. Usual occupation **unknown**

11. Usual occupation of business **unknown** **9**

12. Birthplace (City, town, or county) _____ (State or foreign country) _____

13. Maiden name **unknown** **9**

14. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant **James J. Robinson**

(b) Address **1300 North 5th**

17. (a) **Funeral Home** (b) Date thereof **2-3-42** (Month) (Day) (Year)

(c) **National Home of St. Louis**

18. (a) Signature of funeral director **Bob W. Rentsch**

(b) Address **308 9 Lafayette St St. Louis**

19. (a) Date received local registrar **FEB 27 1942** (b) **J. J. Bredek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **2** year **1942** hour **3** minute **30 P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Intoxication from alcohol**
from the shot wound of the
chest and right femur inflicted
by the hands of one of the
deceased's associates at 2:27
Market St. St. Louis 3:15 PM
Date **Jan 2 1942**

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

Major findings: Of operations **W**

Of autopsy **11**

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) **Domestic Homicide**

(b) Date of occurrence **Jan 2 1942**

(c) Where did injury occur? **at home** (City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place? **Public place**

While at work? _____ (Specify type of place) _____ (a) Means of injury **?**

23. Signature **Willie Perry** (M. D. or other) _____
Address **Leopold Coroner** Date signed **2/3/42**

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of St. Louis } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1845

On this 3rd day of Feb, 1943, before me appears Wm. Decker, who, upon his oath, states that the original record of ^{birth} death for Henry O. Beavers died January 2nd, 1942, in the State of Missouri, and which was filed at St. Louis, Mo. on Feb. 3rd, 1942, should be corrected as follows:

Item No. 17a should read Burial

Instead of Anatomical Board

Item No. 17b should read May 8, 1942

Instead of Feb. 3, 1942

Item No. 17c should read National Cemetery, Jefferson Barracks, Mo.

Instead of St. Louis University

Item No. 18a should read Peetz Bros. 3029 Lafayette Ave.

Instead of W. Richter 3500 Rutger St.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Wm Decker Undertaker
(Peetz Bros L & Co) Relationship.
3029 Lafayette Ave
Present Address.

Subscribed and sworn to before me this 3 day of Feb, 1943.

My Commission Expires March 4, 1945
Gen O Paulsen Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-4082