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M-9-4-41  
v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **3171**

Registration District No. \_\_\_\_\_ Primary Registration District 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:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location) **10**  
(d) Length of stay: In hospital or institution **3 Days**  
(Specify whether years, months or days)  
In this community **78 Years In St. Louis**

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. **2606 A Russell Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **Yes England** (Yes or No)  
If yes, name country **78 Years in St. Louis**

3. (a) PRINT FULL NAME **Samuel Lloyd Beaumont**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, **Married**  
6. (b) Name of husband or wife **Mary Beaumont** 6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased **July 30 1859** (Month) (Day) (Year)

8. AGE: Years **82** Months **8** Days **8** If less than one day hr. \_\_\_\_\_ min. **4**

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

10. Usual occupation **Draftsman**

11. Industry or business **Retired**

MOTHER FATHER { 12. Name **Samuel Beaumont**  
13. Birthplace **England** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **England** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Beaumont**  
(b) Address **2606 A Russell Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 9 42** (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Thos. Curtis & Son**  
(b) Address **2906 Gravois Ave.**  
19. (a) **APP 8 1942** (Date received local registrar) (b) **J. F. Prescek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7**, year **1942** hour **1:15** minute **A.** M.  
21. I hereby certify that I attended the deceased from **April 5**, 19 **42** to **April 7**, 19 **42**  
that I last saw him alive on **April 7**, 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **uremia**  
Duration **26 hrs.**

Due to **nephrosclerosis**

Due to **Generalized arteriosclerosis**

Other conditions (include pregnancy within 3 months of death) **1/31/42**

Major findings: Of operations **1/31**  
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) Means of injury **①**  
23. Signature **Howard G. Hudoff** (M. D. or other) **4/10/42**  
Address **1515 Lafayette Ave** Date signed

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

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**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.....

working under my personal supervision.

*David Paul Fossan*

Registered Apprentice No. *280*

Signed.....

*Thor Lutis*

Licensed Embalmer No. *1619*

P. O. Address *2906 Gravois*

**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.**