

S. No. 2  
-1-4-41  
5-17-39  
X26330

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15960  
4824

State File No.

Registrar's No.

FILED JUN 15 1942 791

Registration District No.

Primary Registration District No.

00  
17  
9  
97  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1617 1/2 Third St. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME

James Beal

3. (b) If veteran, name war MO

3. (c) Social Security No. MO

4. Sex M 2 5. Color or race negr 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife no 6. (c) Age of husband or wife if alive 12 years (Day) (Year)

7. Birth date of deceased may 12 1924  
(Month) (Day) (Year)

8. AGE: Years 18 Months 0 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation Paper Hanger

11. Industry or business  
12. Name James Beal S.R.  
13. Birthplace St. Louis (City, town, or county) MO (State or foreign country)  
14. Maiden name Victoria Beal  
15. Birthplace Common (City, town, or county) Miss (State or foreign country)

16. (a) Informant Victoria Beal  
(b) Address 1617 1/2 3rd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 2 1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Green Wood

18. (a) Signature of funeral director A. J. Burs  
(b) Address 1619 S. 3rd St.

19. (a) JUN 2 1942 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1942 hour 6:10 minute 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 Hemorrhage from gunshot wound of chest penetrating the lung, inflicted at the hands of one Gardell Sharkey, Col., on the north-east corner of 3rd & Carroll Sts. about 6:00 o'clock PM May 26, 1942. <sup>Duration</sup>

Due to EXCUSABLE HOMICIDE.

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy None

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) EX. HOMICIDE

(b) Date of occurrence May 26, 1942

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place) (e) Means of injury 5

23. Signature Thomas F. Callan (M.D. or other) Address Deputy Coroner Date signed 6/2/42

844 (Licensed Embalmer's Statement on Reverse Side)

**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.

*Myself*

Signed.....

*Glenn C. Henderson*

Licensed Embalmer No. ....

*4141*

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.**