No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22597

Registration District No. FILED AUG 14 1942 791

Primary Registration District No. 1003

Registrar's No. 6512

1. PLACE OF DEATH:

(a) County —

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JEWISH HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)

In this community ALL HIS LIFE

2. USUAL RESIDENCE OF DECEASED: 96

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town KIRKWOOD NR
(If outside city or town limits, write "RURAL")

(d) Street No. 620 E MONROE
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME WILLIAM JOHN BEATTIE

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOSEPHINE BEATTIE

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased JANUARY-24-1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	6	7	— hr. — min.

9. Birthplace ST LOUIS O MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation ARCHITECT.

11. Industry or business GENERAL

FATHER
12. Name DAVID BEATTIE
13. Birthplace DONEGAL " IRELAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNE KIRKWOOD
15. Birthplace DONGAL " IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant Josephine Beattie

(b) Address 620 MONROE AVE KIRKWOOD

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-1-1942 (Month) (Day) (Year)

(c) Place: burial or cremation MOUNT LEBANON CEM

18. (a) Signature of funeral director Parker Lund Co

(b) Address WEBSTER GROVES Mo.

19. (a) AUG 1 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 11th 1941 to July 31 1942 that I last saw him alive on July 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	6 days
Due to Uremic Poisoning	
Due to Prostatic Hypertrophy	2 mo.
To my knowledge	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations — 107

Of autopsy — 107

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) NO

(b) Date of occurrence X

(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? (Specify type of place)

Was it at work? NO (e) Means of injury

23. Signature Jno R. Gallaher (M. D. or other)

Address 7 N. Gallaher Rd. Date signed Kirkwood Mo.

(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.

Signed L. L. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves Mo

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

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