. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28521

FILED OCT 1 1942

Registration District No. 318 Primary Registration District No. 1003 State File No. Registrar's No. 7833

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9/3
(If outside city or town limits, write "RURAL")

(d) Street No. 4935 Columbia Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME J. Frank Beehler

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Marie

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

7. Birth date of deceased Birth Date Unknown
(Month) (Day) (Year)

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Charles W. Beehler
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Emma Scallay
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant J. G. Schreiner
(b) Address 4562 Tower Grove Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stacker-Delaerle Und Co.
(b) Address 3634 Gravois Ave.

19. (a) SEP 21 1942 (Date received local registrar) (b) J. F. Budack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 th
year 1942 hour 11 minute 02 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Laceration of Brain when he was struck by a Automobile Driven by one Raymond George Jacobson at the Intersection of Kingshighway and Botanical about 7 40 PM 9/13/42

Due to

Due to

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pending

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) Accident

(b) Date of occurrence 9/13/42 000

(c) Where did injury occur? St Louis (City or town) (County) MO (State)

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

While at work? (e) Means of injury

23. Signature Thomas F. Callanan (M. D. or other)
Address Deputy Coroner Date signed 9/24/42

SEP 21 1942

(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 Robert C. Wheeler

Licensed Embalmer No. 2178

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.