

FILED MAY 7 1943
Registration District No. 318

Primary Registration District No. 1003

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

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:
2753 ALLEN AV. /
(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..... MISSOURI (b) County..... 000
17

(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2753 ALLEN AV.
(If rural, give location)

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

If yes, name country..... 0

3. (a) PRINT FULL NAME ROWLAND BEATTE

3. (b) If veteran, name war..... No.

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour 2 minute 15 p. M.

21. I hereby certify that I attended the deceased from April 7
7 1943 to April 26 1943
that I last saw him alive on April 23 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased MARCH 8 1904
(Month) (Day) (Year)

Immediate cause of death Pulmonary Hemorrhage
T. B. (Pulmonary)

Due to.....

Due to.....

8. AGE: Years Months Days If less than one day

39 1 18 hr. min.

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

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

Major findings: none
Of operations.....

Of autopsy..... none

10. Usual occupation INSPECTOR

11. Industry or business DEFENCE PLANT

12. Name JOHN BEATTE

13. Birthplace..... UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name ETTA SIZEMORE

15. Birthplace..... UNKNOWN
(City, town, or county) (State or foreign country)

PHYSICIAN Zupars

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Etta Beatte

(b) Address 2753 Allen Av.

17. (a) BURIAL (b) Date thereof APRIL 29 / 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director E. J. Gehrners

(b) Address 3125 Lafayette Av.

19. (a) APR 29 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....

23. Signature..... W. Sausbury (M.D. 0)
Address 3058 Lafayette Date signed 4/27/43

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.....

Joe B. Wollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.