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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1949 318 Primary Registration District No. 1003 Registrar's No. 3782

FILED MAY 3 1943

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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9 15

(a) State Mo. (b) County

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

(d) Street No. 4466 Tholozan Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Beazley

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Estelle Beazley

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 15th (Day) 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	9	7	hr. min.

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

10. Usual occupation Meat Cutter

11. Industry or business

FATHER
12. Name Edward Beazley
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Clarabelle Karr
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Estelle Beazley
(b) Address 4466 Tholozan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22, year 1943 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from April 12, 1943, to April 22, 1943 that I last saw him alive on April 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	
Due to —	6
Due to —	13 months
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Pulmonary tuberculosis

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Franz Steinberg (M. D. or other) M.D.
Address 1515 Lafayette Avenue, Date 4/22/43

(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 Richard W Storrsend

Licensed Embalmer No. 4007

P. O. Address.....

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.