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S. No. 2
DM-2-43
5-17-39
I K 4529

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 7 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6951

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

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Beasley, Sandra Louise

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 May 21 1942
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 43 hour 2:30 minute A.M.

21. I hereby certify that I attended the deceased from 7-29 1943 to 7-30 1943 that I last saw her alive on 7-30 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>2</u>	<u>9</u>	hr. _____ min.

Immediate cause of death (Bullosa) Bullous Impetigo
acute (Pharyngitis)

Duration 4-5 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/15

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Irwin Beasley

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

14. Maiden name Julia Branstetter

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

16. (a) Informant Irwin Beasley

(b) Address Vandalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/43
(Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) Jul 31 1943 J. F. Bruck
(Date received local registrar's signature) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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 Jalen H. Havel (M. D. or other) _____

Address 500 S. Kings highway Date signed _____

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

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.....

J. Calvin Davis Jr.

Licensed Embalmer No.

4053

P. O. Address.....

City

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.