

Registration District No. 52
AUG 7 1943

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
City Hosp #10
(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

3. (a) PRINT FULL NAME John Beatty

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased: all (Month) (Day) (Year)

8. AGE: Years 72 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: New York (City, town, or county) (State or foreign country)

10. Usual occupation Self

11. Industry or business _____

MOTHER FATHER

12. Name John Beatty

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

14. Maiden name John Beatty

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

16. (a) Informant James P. Ferguson

(b) Address 1300 Clark

17. (a) Anatomical Dept (Burial, cremation, or removal) Date thereof: 7-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Bismarck

19. (a) JUL 30 1943 (Date received local registrar) J. J. Beatty (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 1224 1/2 3rd St. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1943 hour 3 minute 30

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

Immediate cause of death: Coronary sclerosis
arterio sclerosis

Due to _____

Due to _____

Other conditions: MI (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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) _____

(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. J. Perry (M. D. or other) _____
Deputy Coroner Date signed 8/30/43

0069

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.....

Licensed Embalmer No.....

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.