

ED SEP 17 1943

1003

Registration District No. 218

Primary Registration District No. _____

Registrar's No. 8028

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: MO-Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 years (Specify whether years, months or days)

In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4213 W. Sacramento Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Miss Alma Beathalter

3. (b) If veteran, name war none

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th
year 1943 hour 12:20 AM minute _____ M.

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 March 27 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 17 1942 to Sept. 7 1943; that I last saw her alive on Sept. 7 1943; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>5</u>	<u>11</u>	_____hr. _____min.

Immediate cause of death Metastasis 6 week

Due to Carcinoma left ovary 13 Mont

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

Due to _____

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

10. Usual occupation Inspector Elder Mfg.

Major findings: NA
Of operations _____

11. Industry or business _____

12. Name Xavier Beathalter

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

14. Maiden name Florence Meske

15. Birthplace U. S. A.
(City, town, or county) (State or foreign country)

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Florence Beathalter

(b) Address 4213 W. Sacramento Ave.

17. (a) Burial (b) Date thereof 9-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner Und Co.

(b) Address 2223 St. Louis Ave.

19. (a) SEP 9 1943 (b) J. F. Bredeck
(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 S

23. Signature And H King (M. D. or other) _____

Sept. 8. 43 Date signed 9/8 43

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

MOTHER FATHER

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 Homer L. Ponder
Licensed Embalmer No. 3367
P. O. Address 2113 St. Louis 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.