S. No. 2
M—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 32900

Primary Registration District No. 1003

Registrar's No. 8981

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: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 72
(c) City or town Lilbourn, 2
(If outside city or town limits, write "RURAL") R. 0
(d) Street No. Box 222
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Clyde Beasley

3. (b) If veteran, name war None

3. (c) Social Security No. Unavailable

4. Sex Male

5. Color or race Negro

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 About 1897? (Month) (Day) (Year)

8. AGE: Years 46? Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Rail-road

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Missouri Butler
(b) Address Lilbourn, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/43 (Month) (Day) (Year)
(c) Place: burial or cremation New Madrid, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) OCT 11 1943 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6, year 1943 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from September 14, 1943 to October 6, 1943; that I last saw him alive on October 6, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Subarachnoid Hemorrhage | 3 weeks |
| Due to: Prob. Coronary Heart Disease | Unk. |
| Due to: | |
| Other conditions (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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature S. E. Smith M. D.
Address 360 Whittier Date signed 10/6/43

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1943

NO EMBALM

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.**