

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39492

State File No.

11100

FILED DEC 29 1945

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH

(a) County St Louis
(b) City or town _____
(c) Name of hospital or institution Homer & Philipoff's
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(If not in hospital or institution, write street number of location)

In this community about 30 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNIE F. BEACH

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-09-9229

4. Sex Female Color or race Cal 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Feb 6 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Little Rock Ark
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business General Paper Stock Co

MOTHER FATHER

12. Name not known
13. Birthplace _____
14. Maiden name not known
15. Birthplace _____

16. Informant Blanche Brooker

(b) Address 1092 N - 14th

17. (a) Burial (b) Date thereof 12-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fisher Park

18. (a) Signature of funeral director J. F. Blum

(b) Address 2625 Glasgow

19. (a) DEC 17 1945 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 91
(If outside city or town limits, write "RURAL")
(d) Street No. 1929 E Res Carroll
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
year 43 hour 4 minute 40 A.M.

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 Lobar Pneumonia

Due to Empyema

Due to _____

Other conditions (include pregnancy within 3 months of death) 105

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 Alfred J. Perry (M. D. or other) _____

Address _____ Date signed 12/13/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

H. S. A. L. I. C. E. S.

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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 A. D. Richards

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.