

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1945
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

3969
State File No. _____
Registrar's No. 1051

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DESLOGE HOSP O
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State ST. LOUIS MO (b) County _____
(c) City or town ST. LOUIS 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3526 N. PRARIE 000
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN C. BEASLEY
3. (b) If veteran. name war _____
3. (c) Social Security No. 492-16-9383
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife LULU
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased OCT 10 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB. day 7 year 1945 hour 7 minute 00 A. M.
21. I hereby certify that I attended the deceased from Jan. 27 1945
19. _____ to Feb. 7 19. 45;
that I last saw him alive on Feb. 7 19. 45;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 3 22 hr. _____ min.

Immediate cause of death Pneumonia Peritonitis Duration 5 days
Due to Torsion of Spleen & Gangrene 24 hrs
Due to _____

9. Birthplace OMMESVILLE OHIO
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED CONTRACTOR.

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.

11. Industry or business CONTRACTOR
12. Name Lorenzo Beasley
13. Birthplace DONT KNOW 9
(City, town, or county) (State or foreign country)
14. Maiden name MARY WEBSTER
15. Birthplace DONT KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lulu Beasley
(b) Address 3526 N PRARIE
17. (a) Burial (b) Date thereof FEB 4 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

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 Luzene T. Drustak (M. D. or other) M.D.
Address 1325 S. Grand Ave. Date signed 2-2-45

(c) Place: burial or cremation PLEASANT HILL, MO.
18. (a) Signature of funeral director Pravot 2nd Co
(b) Address 3710 N. Grand Blvd.
19. (a) FEB 2 1945 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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..... *Earl E. Probst*

Licensed Embalmer No..... *1578*

P. O. Address..... *3710 N. Grand Blvd*

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.