

FILED APR 6 1945

Registration District No. **318**

Primary Registration District No. **1003**

I. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital 55 Mins.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 Days, 13 Hrs**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Eugene Beaver (Twin #1)**

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

4. Sex **Male** 5. Color or race **Negro** 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 **2 8 45**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **12** If less than one day **13 hr. 45 min.**

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

10. Usual occupation _____

11. Industry or business _____

12. Name **Charles Beaver**

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

14. Maiden name **Maude Dotson**

15. Birthplace **Helena Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary J. Durall**
(b) Address **2601 N. Whittier Street**

17. (a) _____ (b) Date thereof **MAR 23 1945**
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation **CITY CEMETERY**

18. (a) Signature of funeral director **V. B. Hudson**

(b) Address **City Health Dept**

19. (a) **MAR 28 1945** (b) **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1820 Carr** (If rural, give location) **21**
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **20**
year **1945** hour **3** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **1:30 A.M.**
2 - 8 45, 3:45 P.M. 2-20, 1945,
that I last saw him alive on **2 - 20 1945,**
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurity**

Due to _____

Due to _____

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

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 **W. D. Amble** (M. D. or other) _____
Address **2601 N. Whittier** Date signed **3-24-45**

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.....

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, above space should be left blank.