V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7222

FILED MAR 18 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1910

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

6172

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PARK LANE HOSP (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 2 17

(d) Street No. 5421 FINKMAN (If rural, give location) 9

(e) Citizen of foreign country? — No (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME MARTHA J. BEACH

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife J. M. BEACH

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased APRIL (Month) 17 (Day) 1868 (Year)

8. AGE: Years 77 Months 10 Days 7 If less than one day hr. min.

9. Birthplace EAST ST LOUIS (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name JAMES KELLY
13. Birthplace IRLAND (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name MARY COX
15. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)

16. (a) Informant Dewey Beach

(b) Address 5421 Finkman

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY ~~2-27-46~~

18. (a) Signature of funeral director Mark X Dickman

(b) Address 4055 Washington

19. (a) FEB 26 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 24 year 1946 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from Dec. 12, 1946, to Feb 24, 1946; that I last saw her alive on Feb. 23, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Interstitial Nephritis + uremia	Chr
Due to Toxic psychoneurosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

131 a

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

23. Signature [signature] (M. D. or other)

Address 4930 Lindell Blvd Date signed 2/25/46

(Licensed Embalmer's Statement on Reverse Side)

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 Gerald O Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis, Mo

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.