S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 149890

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3035

1. 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:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 33 years
years, months or days)

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. 912 Morrisom Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mable Beemus

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Jessie

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

7. Birth date of deceased April (Month) 24, (Day) 1889 (Year)

8. AGE: Years 56 | Months 11 | Days 6 | If less than one day hr. min.

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

10. Usual occupation house-wife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown 4 MO
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unk own
15. Birthplace unknown 9 MO
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Beemus
(b) Address 912 Morrison Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Av. St. Louis, Mo.

19. (a) APR 1 1946 (Date received local registrar) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1946 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death External Hemorrhage Duration
from punctured wounds of liver, left and right lung, pulmonary
Due to: becoming confused child ran
into the front of a taxicab
Due to: driven by one Joseph Adams
Abrasions & lacerations of face
Other conditions (Include pregnancy within 3 months of death) and 12 other wounds
2:55 A.M. March 30 1946

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) Unavoidable accident
(b) Date of occurrence March 30 1946
(c) Where did injury occur? St Louis Mo.
(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 Auto
23. Signature Otto E. Snyder (M. D. or other)
Address Date signed 4/1/46

(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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette Ave.

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.