

DEPARTMENT OF COMMERCE
STATE BOARD OF HEALTH OF MISSOURI
FILED AUG 20 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **28561**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6891**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: St. Anthony's Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jefferson
(c) City or town Rural Meramec Township
(d) Street No. Byrnesville
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Joseph BEAN
3. (b) If veteran, name war NONE
3. (c) Social Security No. _____

20. DATE OF DEATH: Month Aug day 4
year 1946 hour 1 minute 30 P.M.

4. Sex M 5. Color or race W
6. (b) Name of husband or wife _____
7. Birth date of deceased: MAY 12 1924

21. I hereby certify that I attended the deceased from March 15 1946 to Aug. 4 1946
that I last saw him alive on Aug. 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia Duration 15 days
Due to Chronic Glomerulo-Nephritis 5 years

8. AGE: Years 22 Months 2 Days 22
9. Birthplace Byrnesville Mo
10. Usual occupation Mo State Highway Dept
11. Industry or business Road Maint.
12. Name Richard Bean
13. Birthplace Byrnesville Mo
14. Maiden name Mary Byrne
15. Birthplace Byrnesville Mo
16. (a) Informant Chas. H. Baunty
(b) Address House Springs Mo
17. (a) Burial (b) Date thereof 8-19-46
(c) Place: burial or cremation St. Plumblyden Byrnesville
18. (a) Signature of funeral director John H. Brennan
(b) Address House Springs Mo
19. (a) AUG 7 1946 (b) J. F. Bredbeck

Other conditions: _____
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? _____
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 Frank Beck (M. D. or other) _____
Address Lepton, Mo Date signed 8/4/46

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 Arnold Q. Yehrike

Licensed Embalmer No. 13917

P. O. Address St. Louis

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.