

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36071

31545

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 31 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 8274

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:  
2901<sup>a</sup> Sherdian Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2901<sup>a</sup> Sherdian Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Annie Beasley  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Col  
6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife Robert Grant  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 2 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 19 hr. min.

9. Birthplace Hernando Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Unknown ? ?  
13. Birthplace Unknown ? ?  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown ? ?  
15. Birthplace Unknown ? ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Beasley

(b) Address 2901 Sherdian Ave

17. (a) Burial (b) Date thereof 9-26-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cen

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21  
year 1946 hour 3 minute 10 p.M.

21. I hereby certify that I attended the deceased from 9-11 to 9-21  
and that death occurred on the date and hour stated above.  
Duration 46  
that I last saw h. ev alive on 9-21 19 46

Immediate cause of death  
Hypertensive Heart Disease  
Chronic nephritis.  
Due to Lobar pneumonia

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
108

Major findings: Of operations \_\_\_\_\_  
Of autopsy none  
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) no  
(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? none

While at work (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Robert M. Scott M. D. or other) \_\_\_\_\_  
Address 3007 Eastern Ave Date signed 9-25-46

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

30343

**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, fact should be so stated above.**