

FILED MAR 31 1947  
318

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

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

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:  
321 No. Whittier St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 40 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 321 No. Whittier St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th.  
year 1947 hour \_\_\_\_\_ minute 15 P.M.

21. I hereby certify that I attended the deceased from March 15 to March 16, 1947,  
that I last saw him alive on March 15 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Due to \_\_\_\_\_

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

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? \_\_\_\_\_ (a) \_\_\_\_\_ (b) \_\_\_\_\_  
23. Signature Paul H. H. Chance (M. D. or other) \_\_\_\_\_  
Address 579 N. Grand Blvd. Date signed 3-17-47

3. (a) PRINT FULL NAME

Charles F. Beauchamp

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Lena Beauchamp 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown 1891  
(Month) (Day) (Year)

8. AGE: Years 56 Months Unknown Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Newspaper Distributor

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

12. Name Charles Beauchamp

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Sargent

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Finnegan

(b) Address 321 No. Whittier St.

17. (a) Burial (b) Date thereof 3-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Rindel Blvd

19. (a) MAR 19 1947 (b) J. F. Burnett  
(Date received local registrar) (Registrar's signature)

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

**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 W. Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 S. of ayette

**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.**