

No. 2  
 7-12-45  
 7-5-17-39  
 P 1 X47070

**FILED MAR 31 1947**

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

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

Primary Registration District No. **1003**

Registrar's No. **2836**

**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:  
**6432 Dale 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 \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Greene**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **6432 Dale Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **David M. Beauchamp**  
**3. (b) If veteran,** name war **None**  
**3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **16<sup>th</sup>**  
 year **1947** hour **7:00** minute **20** A. M.  
**21. I hereby certify that I attended the deceased from** **9 Mar 13**  
 \_\_\_\_\_, 19**47**, to **9 Mar 16**, 19**47**  
 that I last saw h. i. m. alive on **March 15**, 19**47**  
 and that death occurred on the date and hour stated above.

**4. Sex** **Male**  **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Emma Beauchamp**  
**6. (c) Age of husband or wife if** **76** **years**  
**7. Birth date of deceased** **March 28** **1870**  
(Month) (Day) (Year)

Immediate cause of death **cardiac & respiratory failure**  
 Due to **Cardiac decompensation, arteriosclerotic heart and vessels.**  
 Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>11</b>	<b>18</b>	_____ hr. _____ min.

**9. Birthplace** **Unknown** **Indiana**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **Retired Factory Supervisor**  
**11. Industry or business** **Cupples & Company**

Other conditions... \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
**93**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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

**16. (a) Informant** **Mrs. Emma Beauchamp**  
**(b) Address** **6432 Dale Avenue**  
**17. (a) Burial** **Burial** **(b) Date thereof** **3/19/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Valhalla Cemetery**

**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?** \_\_\_\_\_

**18. (a) Signature of funeral director** **Albert H. Hoppe**  
**(b) Address** **4700 Washington Blvd.**  
**19. (a) MAR 17 1947** **(b) J. F. Breidner**  
(Date received local registrar) (Registrar's signature)

**23. Signature** **J. F. Breidner** **(D. or other)** \_\_\_\_\_  
**Address** **1800 N. Laffay etc.** **Date signed** **3/16/47**  
**Gr. 9109** **Prof. J. L. Laffay**

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

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**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..... *Henry M. Brammer*

Licensed Embalmer No..... *4200*

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.**