

Registration District No. 377

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether

In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis Co.

(c) City or town ROCK HILL
(If outside city or town limits, write "RURAL")

(d) Street No. 325 LITHIA
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME CECILIA BEASLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. UNKNOWN

4. Sex FEMALE 5. Color or race Col.

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

6. (b) Name of husband or wife SYLVESTER

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

7. Birth date of deceased FEB. 15, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 9 29 hr. min.

9. Birthplace FRANKLIN Co., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation DOMESTIC

11. Industry or business AT HOME

12. Name EUGENE FLEMING

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

14. Maiden name JDA MAE HULSEY

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

16. (a) Informant St. Louis County Hospital

(b) Address CLAYTON, MO.

17. (a) BURIAL (b) Date thereof 12-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director C.W. Nash

(b) Address 3847 Page Road

19. (a) 12-16-48 (b) Thurmond Livingston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 14
year 1948 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from DEC. 11 1948, to DEC. 14 1948;
that I last saw her alive on DEC. 14 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior myocardial infarction Duration

Due to Coronary artery disease

Due to

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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?

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

23. Signature R. P. Cole (M. D. or other) MO.

Address 601 S. BRENTWOOD, CLAYTON Date signed 12-15-48

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..... *C. J. Nash*

Licensed Embalmer No. *2433*

P. O. Address..... *3847 Page Blvd.*

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.