

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13106

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 3003 - Kossuth) St. Ward)

File No.
Registered No. 3664
St. Ward)

2. FULL NAME

John J. Beatty
(a) Residence No. 3003 & Kossuth St., 10 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-11-1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>37</u>	<u>6</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Building Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Edward Beatty

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Foley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Mary Beatty
(Address) 3003 & Kossuth Ave

15. FILED 27 1929 W. A. Stock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 19 29

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... and that I last saw him alive on 19..... and that death occurred, on the date stated above, at 1.45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
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1112 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Oedema of Lungs
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED MO

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. W. Kerner
3/26/29 (address) Dep. Coroner

*State the DISEASE CAUSING DEATH, (in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL 3/27 19 29

20. UNDERTAKER W. A. Stock and Co ADDRESS 2117 E. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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