

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

Do not use this space.

22806

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

File No.

Township.....

Primary Registration District No.

Registered No. **6232**

City **St. Louis, Mo.** (No. **1326 1/2 S. 7th St. Near**) St. Ward)

2. FULL NAME

Virginia Wilson Beasley

(a) Residence. No. **1326 1/2 S. 7th St. Near 7th Ward.**
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 5 1908

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

22 11 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Home 344

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

10. NAME OF FATHER

Edie Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

14.

INFORMANT

(Address)

Case Wilson 1326 1/2 S. 7th St. Near

15.

FILED

1931

May C. Starkey

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 2 - 1931

17. I HEREBY CERTIFY, That I attended deceased from June 2nd 1931, 1931, that I last saw him alive on June 2nd, 1931, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Phthisis Pulmonalis - 23A - (duration) about 6 yrs - 6 mos - ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF X

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Wm. E. Frank*, M. D.

6.3.1931 (Address) *1401 S. Broadway*

*State the DISEASE CAUSING DEATH, or 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

DATE OF BURIAL

St. Matthews Cemetery June 4 1931

20. UNDERTAKER

ADDRESS

Frank Peltag 3125 d. in town

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.

