

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

Do not use this space.

17620

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 5000  
City Lewis (No. 4946, Clapton Ave) St. .... Ward)

File No. ....  
Registered No. 4550

**2. FULL NAME**

Mary Beathe  
(a) Residence, No. 4946 Clapton Ave 7 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF <u>August Beathe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1-1848</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>10</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.....
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Not known</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
15. MAIDEN NAME <u>Not known</u>		
15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Marie M. Holsby</u> <u>3551 Cedar St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>May 10, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Edwin T. Tice</u> <u>9707 72 Grand Ave</u>		
20. FILED <u>MAY -9 1932</u> <u>W. S. Starker</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

2  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to May 8, 1932.  
I last saw him alive on May 5, 1932. Death is said to have occurred on the date stated above, at 2:35 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
13!  
93C  
131  
Other contributory causes of importance:  
Chronic Interstitial Nephritis

Name of operation none Date of .....  
What test confirmed diagnosis? urine Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide D.V. Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify yes  
(Signed) Walter H. H. M. D.  
(Address) 5076 Union Blvd.

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.

