

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

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

Do not use this space.

30984

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 793  
 City St. Louis (No. 3838 St. Louis Ave) St. .... Ward)

File No. ....  
 Registered No. 8707

**2. FULL NAME**

Hattie Beasty  
 (a) Residence, No. 3838 St. Louis St. 11 Ward. (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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alberk F.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14 1897</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>6</u>
	DAYS <u>13</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>		
FATHER	13. NAME <u>Nicholas Wallace</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Juincy, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Emma Ring</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lowell, Mass</u>	
17. INFORMANT (ADDRESS) <u>Alberk F. Beasty</u> <u>3838 St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Lebanon Sp. 30</u> DATE <u>19</u>		
19. UNDERTAKER (ADDRESS) <u>Aspron &amp; Co.</u> <u>2107 N. Grand St.</u>		
20. FILED <u>SEP 28 1932</u> <u>19</u> <u>May C. Staver</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1932, to Sept 27, 1932  
 I last saw h. a. alive on Sept 27, 1932. Death is said to have occurred on the date stated above, at 7:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
2nd appoplexy  
1180  
J. J. D.  
 Other contributory causes of importance:  
acute indigestion from eating spaghetti  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? L 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 To Injury  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify Joseph Hill, M. D.  
 (Address) 3636 Hubert

Date of onset  
Sept 27 1932  
Dr. C. Staver

