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

Do not use this space.

37772

File No. .....

Registered No. 10474

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.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis (No. Jewish Hospital St. ..... Ward)

2. FULL NAME Anna Beaty

(a) Residence, No. 4106 Shaw Ave St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 17 1872

7. AGE: Years 60 | Months 2 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

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): Ill

FATHER

13. NAME: Fielder Carnahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

MOTHER

15. MAIDEN NAME: Sarah Webster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill

17. INFORMANT (ADDRESS): Chas Beaty 4106 Shaw ave

18. BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory DATE Nov 26, 1932

19. UNDERTAKER (ADDRESS): Geo Kreutz Fun Dir 4234 Manchester ave

20. FILED NOV 26 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/18, 1932, to 11/24, 1932. I last saw her alive on 11/24, 1932. Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis, Bilateral advanced

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Xray Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... 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? No

If so, specify .....

(Signed) Alfred Goldman, M. D.

(Address) Beaumont Bldg