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

Do not use this space.

24282

File No.
Registered No. 165

1. PLACE OF DEATH
County St. Louis
Township Bonhomme
City (No. St. Ward)
Registration District No. 785
Primary Registration District No. 6031

2. FULL NAME Clyde Beach
(a) Residence, No. Kirkwood Mo. RR 13 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 8 mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Nora Austin Beach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1899

7. AGE: Years 34 | Months 1 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year) Jan 1, 1931
11. Total time (years) spent in this occupation 3 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crescent, Mo.

FATHER
13. NAME Ben Beach
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Belle Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Ben Beach
(ADDRESS) Glencoe RR 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Park DATE July 15, 1933

19. UNDERTAKER Schnaufer Funeral Home
(ADDRESS) Fallwin, Mo.

20. FILED 7/14, 1933 C. E. Barrett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932, to July 13th, 1933
I last saw him alive on July 11th, 1933. Death is said to have occurred on the date stated above, at 6 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia - Kanisa (Silicosis)	3 yrs
1148	
1148	
Other contributory causes of importance:	
abscess of upper lung	1 week

Name of operation none Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

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? yes
If so, specify silica dust
(Signed) Ernst K. Oelpke, M. D.
(Address) 3148 Olive St.

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.

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

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JAN 26 1959