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.

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No. 37800
Township — Primary Registration District No. 60339 — Registered No. 172
City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME John Beall
(a) Residence, No. Ballis Road St., 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 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 Lucille Beall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9-1890
7. AGE YEARS 43 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plant Supervisor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Telephone Co
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) Atlanta Ga

FATHER
13. NAME Arthur C. Beall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Lucille Collier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Ga

17. INFORMANT (ADDRESS) Lucille Beall Ballas Road RR #5
18. BURIAL, CREMATION, OR REMOVAL PLACE Atlanta Ga DATE 11-26 1933
19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive Street
20. FILED 11/26 1933 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 1933
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.05 A.M.
The principal cause of death and related causes of importance were as follows:

Multiple cominuted fractures of the skull and face. Depressed fractures and compound. Maceration of the brain tissue. Compound and depressed fracture of the sternum with excessive anterior mediastimal hemorrhage.

Date of onset

Other contributory causes of importance:
Shock and hemorrhage.

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 11/25, 1933
Where did injury occur? Clayton Rd. & Ballis Rd. St. Louis County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Auto Accident, ran into telephone pole.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Luke B. Turnon, M.D.
(Address) 3718 Jennings Rd.