27 1934

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. 42223-19

1. PLACE OF DEATH
County St. Louis — Registration District No. 791
Township St. Louis — Primary Registration District No. 1003 — File No.
City — (No. ~~[illegible]~~ St. Louis City Hosp #1 St. Ward) — Registered No. 28

2. FULL NAME Charles BEAUTON
(a) Residence, No. 4351 A St., SHAW Ward. 17
(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 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 Eva Gunn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 1864
7. AGE 69 YEARS — MONTHS 3 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Mt. Vernon Ind.

FATHER
13. NAME Thomas Beauton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Jeanetta Zimmerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) ~~[illegible]~~ Mrs Chas Beauton 4351 A Shaw

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mathews Cem DATE 1-2 1934

19. UNDERTAKER (ADDRESS) A. Ellis 5240 Delmar

20. FILED 2 1934, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1933, to 12-31, 1933
I last saw him alive on 12-31, 1933 Death is said to have occurred on the date stated above, at 5:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr myocarditis	
aneurysm of abdominal aorta	
Chr pyelonephritis	

Other contributory causes of importance
Benign hypertrophy of prostate

Name of operation transurethral resection Date of 12-4-33
What test confirmed diagnosis? clinical Was there an autopsy? Yes

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?
If so, specify
(Signed) M. Macnish, M. D.
(Address) City Hospital #1.