

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **1023** File No. **6493**
 City **St. Louis** (No. **City Hospital**) Registered No. **1334** St. Ward)

2. FULL NAME

Helen Gordon Beamer
 (a) Residence, No. **5701 Sherwood St.** Ward. **6** (If nonresident, give city or town and State)
 (Usual place of abode)

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

1. SEX **Female** 4. COLOR OR RACE **Wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Chas. A. Beamer**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 16 - 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 2 18

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) **Jawa**

MOTHER FATHER 13. NAME **Thos Gordon**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jawa**

15. MAIDEN NAME **Helen Gordon**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jawa**

17. INFORMANT (ADDRESS) **Mrs. James E. O'Neil 2710 Broadway**

18. BURIAL, CREMATION, OR REMOVAL **Bellefontaine Cem.** DATE **Feb. 7 1934**

19. UNDERTAKER (ADDRESS) **Chas. S. Shuart 1325 Union Blvd.**

20. FILED **Feb 20 1934 J. F. Bredeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 4 1934**

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 **4:15 P.m.**

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

Fracture of right femur due to fall at floor of residence.

Other contributory causes of importance:

Accident

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 **Feb. 2, 1934**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Fall**
 Nature of injury **Fract. R. femur**

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

(Signed) **Carol O'Neil** M.D.
 (Address) **2710 Broadway**

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.

