NOV 9 1935

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

Do not use this space.

34561

1. PLACE OF DEATH
County Missouri — Registration District No. 791
Township — Primary Registration District No. 1003 — File No. 9003
City St. Louis (No. 1418 Breman Ave St. ..... Ward) — Registered No.

2. FULL NAME William L. Beal
(a) Residence, No. 1418 Breman ave St., 26 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 Alvina Beal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1863

7. AGE YEARS 72 MONTHS 3 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
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) Granite City Ill.

FATHER
13. NAME Sam Beal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Anna Mathews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Alvina Beal 1418 Breman ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredens Cem DATE Oct. 28 1935

19. UNDERTAKER (ADDRESS) John A. Gentemann 5077 Durant ave.

20. FILED OCT 28 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25- 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1935, to Oct 25th, 1935
I last saw him alive on Oct 25th 1935 Death is said to have occurred on the date stated above, at 5 30 A m.
The principal cause of death and related causes of importance were as follows:

CORONARY-SCLEROSIS — Date of onset Oct 1-35

94b

Other contributory causes of importance:
ACUTE-GASTRITIS cause unknown not a food poisoning

Name of operation — Date of
What test confirmed diagnosis? — 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? NO
If so, specify
(Signed) Jos. J. Nawrocki, M. D.
(Address) 1901 Madison 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.