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 ..... Registration District No. 791 File No. 37503

Township ..... Primary Registration District No. 2003 Registered No. 9470

City St. Louis (No. En Route City Hospital St. ..... Ward)

2. FULL NAME Charles Elmer Beall

(a) Residence, No. 2842 Meramec Street St., 15 Ward. (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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan Beall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1883.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gebken Undertakers

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

FATHER

13. NAME Bartholomew Beall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER

15. MAIDEN NAME Margaret Ridenbaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Mary Dreon. 3500 Nebraska Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus Cem. DATE Nov. 12. 35, 19

19. UNDERTAKER (ADDRESS) J. H. Gebken Land & Co 2842 Meramec Street

20. FILED NOV 12 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

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

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 12 40 a m.

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

Traumatic Fracture of back
Lt 8 - Dorsal Vertebrae
Injury - to Spinal Cord
Haemorrhage of Chest
Fractured Ribs

Date of onset

Other contributory causes of importance:

(auto accident)
(Pedestrian)

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? Accident Date of injury 11/10/35

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. Public Place

Manner of injury Accident Auto

Nature of injury Fracture of back

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Pruney, M. D.

(Address) Deputy Coroner

11/12/35