MAY 7 1936

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

Do not use this space.

17812

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. St. Paul Hospital St. ..... Ward)

File No. .....

Registered No. 4598

2. FULL NAME Mrs Irene Beauchamp

(a) Residence, No. 779 Biltmore St., N R Ward. Ste Genevieve Mo
(Usual place of abode) St Genevieve Mo (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 F.

4. COLOR OR RACE N.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband - Mr Edgar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7th 1910

7. AGE YEARS 25 MONTHS 7 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Mo

FATHER

13. NAME James DuVall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Emma Mations

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Edgar Beauchamps Ste Genevieve Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ste Genevieve DATE April 28th 1936

19. UNDERTAKER (ADDRESS) Albert H. Hoff & Inc 429 North Euclid Ave

20. FILED APR 27 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 24 - 1936

22. I HEREBY CERTIFY That I attended deceased from Apr 9, 1936, to Apr 24, 1936

I last saw her alive on April 24, 1936 Death is said to have occurred on the date stated above, at 7:55 A.m.

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

	Date of onset
Intestinal obstruction following peritonitis from ruptured appendix	4-20-36
Other contributory causes of importance:	
Appendicitis, acute, c̄ ruptured appendix	4-6-36
Miscarriage	4-23-36

Name of operation Appendectomy, drainage 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? ..... 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) Fay E. Comer, M. D.

(Address) St Paul Hospital St Louis, Mo

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.

Hoppe
Nord