

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.

JAN 10 1937

46420

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis Mo.

No. 5510 Waterman Ave.

File No.

12208

Registered No.

St. Ward)

2. FULL NAME Paul Odell Beeson

(a) Residence, No. 5510 Waterman Ave. St., 5 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

4. COLOR OR RACE

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

Male

White

Married

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

Rose M. Beeson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-12-1887

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.

49

1

28

OCCUPATION

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

Manager Rubber Road

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

FATHER

MOTHER

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

Three Oaks
Mich.

13. NAME Dix Beeson

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

Unknown
Mich.

15. MAIDEN NAME Ella Gert Janes

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

Unknown
Mich.

17. INFORMANT Rose M. Beeson
(ADDRESS) 5510 Waterman Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove Cem. DATE Dec. 12 1936

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILE DEC 12 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10- 1936

22. I HEREBY CERTIFY, That I attended deceased from
Oct 10 1936, to Dec 10 1936

I last saw him alive on Dec 10 1936. Death is said
to have occurred on the date stated above, at 4-45 P. M.

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

Myocarditis Ch
Rephritis Acute due to
Heart condition

Date of onset

Other contributory causes of importance:

Heart failure
Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? Exam 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) Joseph W. Larmore, M. D.

(Address) 3720 Washington Ave

Dr. Joseph Larimore

3720 Washington Ave.

Jef. 1318