

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791**

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **1003**
 Township Primary Registration District No.
 City **ST LOUIS** (No. **2642**) **LAFAYETTE AV.** St. **12465** Ward)

2. FULL NAME

John BEATTE

(a) Residence, No. **2642 LAFAYETTE AV.** Ward **23**
 (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 **ETTA BEATTE**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPT. 6 1874**

7. AGE YEARS **62** MONTHS **3** DAYS **12** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **RESTAURANT PROPRIETOR**
 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 **PETE BEATTE**

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

MOTHER 15. MAIDEN NAME **UNKNOWN**

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

17. INFORMANT (ADDRESS) **ETTA BEATTE 2642 LAFAYETTE AV.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **NEW ST. MARCUS** DATE **DEC. 21, 1936**

19. UNDERTAKER (ADDRESS) **E. J. Schurz 31 1/2 S Lafayette av.**

20. FILED **DEC 21 1936** **J. Biedeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 18 1936**

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 **5 1/2** m.

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

Systemic Hemorrhage following fall to curb causing rupture of aorta in Ross
Accident

Other contributory causes of importance:

System of Pain - Chronic Intermittent Nephritis

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 **12/18, 1936**

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 **Public Place**
 Nature of Injury **Spunk from curb causing rupture of aorta - Hemorrhage**

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

(Signed) **Paul S. Kelly**, M. D.
 (Address) **Down**

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.

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