

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JAN 20 1936

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

Do not use this space.

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46919

File No. 12744  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City Saint Louis (No. Peoples Hospital)

2. FULL NAME Herbert L. Beasley

(a) Residence, No. 4260 W. Cote Brillante Avenue Ward. 11  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, GIVE NAME AND ADDRESS OF HUSBAND OR WIFE Alma B. Beasley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 17, 1899

7. AGE YEARS 37 MONTHS 1 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) 1936 11. Total time (years) spent in this occupation Unk.

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

13. NAME Unavailable-Beasley

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

15. MAIDEN NAME Maggie Goodloe

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

17. INFORMANT (ADDRESS) Alma B. Beasley  
4260 W. Cote Brillante

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE Dec 28, 1936

19. UNDERTAKER (ADDRESS) Chas. J. Gales  
4107 Finney Avenue

20. FILED DEC 28 1936 J. F. Brudeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 23, 1936

I HEREBY CERTIFY, That I attended deceased from December 23, 1936 to December 23, 1936  
I last saw him alive on December 23, 1936 Death is said to have occurred on the date stated above, at 5:00 A.M.

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

Myocarditis following influenza  
230

Other contributory causes of importance:

Infarctus pulmonis acutus

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Physical Was there an autopsy? \_\_\_\_\_

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?  
If so, specify \_\_\_\_\_

(Signed) J. F. Brudeck, M. D.  
(Address) 2748A Franklin Avenue

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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