MAR 5 - 193

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

Do not use this space.

1. PLACE OF DEATH
County: St. Louis
Township:
City: St. Louis (No. People Hospital. 1003 St. Ward)
Registration District No. 791
Primary Registration District No. 1003
File No. 8058
Registered No. 1484

2. FULL NAME: Sallie Beatty (Beatty)
(a) Residence, No. West End Hotel St., 11 Ward.
(Usual place of abode) 3900 W. Belle
(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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1868 Oct. 5
7. AGE: 69 YEARS: 68 MONTHS: 3 DAYS: 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
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): Union S.C.

FATHER
13. NAME: John Sartor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union S.C.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union S.C.

17. INFORMANT (ADDRESS): Wm J Beatty West End Hotel 3900 W Belle
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Shipped Union S.C. DATE: 2-3 1937
19. UNDERTAKER (ADDRESS): Boyd Fun Home 3706 Finney
20. FILED: FEB 2 - 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 30, 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1936, to Jan. 30, 1937
I last saw her alive on Jan. 30, 1937. Death is said to have occurred on the date stated above, at 11:45 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis — Date of onset: not known
Other contributory causes of importance:
Name of operation: Nitric Acid Date of:
What test confirmed diagnosis? 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?
If so, specify
(Signed) M. L. McGinnis, M. D.
(Address) 1513 Goode Ave. 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.

899