

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis, (No.)

Registration District No. 791
Primary Registration District No. 1003
3923 N. 23rd St.

File No. 14056
Registered No. 3552
St. Ward)

2. FULL NAME Henry M. Beadle.

(a) Residence, No. 3923 N. 23rd St. St., 20 Ward.

(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 OR (OR) WIFE Theresa Huber Beadle. (Landwhe.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15, 1868.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68.</u>		<u>3.</u>	<u>16.</u>	

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

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) St Louis, Mo.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Theresa Beadle (ADDRESS) 3923 N. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens. DATE April 2, 1937

19. UNDERTAKER Math Hermann & Son. (ADDRESS) 2161 East Fair Ave.

20. FILED APR 1 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1937, to 2-30 1937.
I saw him alive on 3-27 1937. Death is said to have occurred on the date stated above, at 6.30 m. A.M.

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

Coronary Sclerosis
Chronic Myocarditis

Other contributory causes of importance: Hypertension

Name of operation Thyroid Date of
What test confirmed diagnosis? Was there an autopsy? M

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 of injury in any way related to occupation of deceased?
If so, specify None
(Signed) R. M. Cleavin, M. D.
(Address) 4356 Harne

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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