

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

SEP 25 1937

31764

Do not use this space.

## 1. PLACE OF DEATH

- (a) County St. Louis Registration District No. 489  
 (b) Township Central Primary Registration District No. 6033 B  
 (c) City W. C. H. S. T. O. R. A. (d) Street No. 6225 Wells Ave St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 235

## 2. PRINT FULL NAME

- Charlotte Jane Beal  
 (a) Residence, No. 6225 Wells Ave St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 3 - - -

- OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Aug 15  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

- FATHER  
 13. NAME Chas. Mattingly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

- MOTHER  
 15. MAIDEN NAME Melvina

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

17. INFORMANT Miss Mary Beal - Daughter  
 (ADDRESS) 6225 Wells Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Aug 24 1937

19. FUNERAL DIRECTOR A. L. Beal Und. Co.  
 (ADDRESS) 2726 Lucas Ave.

20. FILED 8-24-37 Ada Beckner  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1937, to Aug 20, 1937  
 I last saw her alive on Aug 17, 1937: Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Ch. Myocarditis Date of onset years

Other contributory causes of importance:

Arteriosclerosis years

Name of operation \_\_\_\_\_ 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? No

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

(Signed) John S. Pae, M. D.

(Address) 1492 Hudsonmont Ave.

STATEMENT BY LICENSED EMBALMER

I, Birdie Beal Anderson, Licensed Embalmer No. 2929

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Birdie Beal Anderson

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Birdie Beal Anderson

Licensed Embalmer No. 2929

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)