

OCT 14 1937

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

32242

Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis,

Registration District No.
Primary Registration District No. 1003
(d) Street No. City Hospital No. 1

Registered No. 8296

(e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Beatrice Edgar
(a) Residence, No. 900 Tower Grove St. 18
(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF : Hartford Edgar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 4 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. hwk 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) Tennessee13. NAME Edw rd C. Ivy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Ruth Beardsley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Hosp Info M. Kent
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE 9/4/37, 19...19. FUNERAL DIRECTOR Allen W. McLaughlin
(ADDRESS) 2301 Lafayette Ave. (Signed) E. P. REN, M. D.20. FILE SEP 3 1937 J. Bredeck (Address) City Hospital no. 1
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/1/37, 19...22. I HEREBY CERTIFY, That I attended deceased from 8/22/37, 19... to 9/1/37, 19...I last saw her alive on 9/1/37, 19... Death is saidto have occurred on the date stated above, at 8.10 a

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

Peritonitis general
cause unknown
non puerperal

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes23. 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? 1

If so, specify.....

(Signed) E. P. REN, M. D.(Address) City Hospital no. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

29-2-89921

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STATEMENT BY LICENSED EMBALMER

I, David C. Gibson, Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by David C. Gibson

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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.)