

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

32324

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City St. Louis, Mo. (d) Street En route Marine Hospital Registered No. **8378**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. 2330 Pine St. St. **21** (If non-resident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beulah PATTERSON

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7-AGE About 43 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Centerville (STATE OR COUNTRY) Ala.

13. NAME Not known

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

15. MAIDEN NAME not known

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

17. INFORMANT Beulah Patterson (ADDRESS) 2330 Pine Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE Sept 4

19. FUNERAL DIRECTOR A. L. Beall and Co. (ADDRESS) 2726 Luecke

20. FILE SEP 7 1937 St. Loredeck Local Registrar.

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 150 P.M.

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

Cerebral Haemorrhage
(apoplexy)
131

Other contributory causes of importance:
Chronic Diffuse Nephritis

Name of operation Date of yes

What test confirmed diagnosis? Was there an autopsy? yes

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 Alfred J. Perry

(Signed) Alfred J. Perry (Address) W. Perry Coroner

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. _____

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.)