

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

33097
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**

791

(a) County Registration District No.
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis, Missouri** (d) Street No. Registered No. **9151** 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 **60** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frank Beverly**

(a) Residence, No. **1305a North 11th Street** St. **25**
 (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 **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 25, 1858**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 6 16

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. **Nil**
 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) **Tenn.**

FATHER 13. NAME ?

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? **Tenn.**

MOTHER 15. MAIDEN NAME ?

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

17. INFORMANT **Evelyn D Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Washington U** DATE **9-22 1937**

19. FUNERAL DIRECTOR **D W Richter**
 (ADDRESS) **2520 Rydger St**

20. FILED **SEP 29 1937**
J. Brodeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 11, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **August 5,** 19... to **September 11,** 19... 37

I last saw him alive on **Sept. 11, 1937** Death is said to have occurred on the date stated above, at **5:45 p.m.**

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

Arteriosclerotic Heart Disease - Senile Dementia 8/5/37
 Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis **Clinical** 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) **A. R. Lewis** M. D.

(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ 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.)