

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

39530  
Do not use this space.

DEC 13 1937

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City **St. Louis Mo.** (d) Street No. **3127** **Sherdian** St. **10517**  
 (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.

2. PRINT FULL NAME

(a) Residence, No. **3127 Sherdian** St. **21**  
 (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 **Cold**  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Beasley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**About 39**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housekeeper**  
 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)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Gene Bluff Ark**

FATHER  
 13. NAME **Tom Moore**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

MOTHER  
 15. MAIDEN NAME **Not known**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

17. INFORMANT (ADDRESS) **Lena Hammond 3127 Sherdian Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Father Dickson NOV 13<sup>th</sup> 1937**

19. FUNERAL DIRECTOR (ADDRESS) **A. L. Beal Undr. 2726 Lucas Ave**

20. FILED **NOV 12 1937** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 7 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 27**, 19**37**, to **Nov 5**, 19**37**.  
 I last saw her alive on **Nov 5**, 19**37**. Death is said to have occurred on the date stated above, at **7 a.** m.  
 The principal cause of death and related causes of importance were as follows:

**Uremia chronic interstitial nephritis**  
 Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **elu** 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) **W. A. Mueller**, M. D.  
 (Address) **2335 1<sup>st</sup> street**

WHILE CLAIMING WITH OBTAINING INVALIDITY 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.

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.)