

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

REC'D APR 11 1938

9182
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **St. Anthony's Hospital** Registered No. **2771**
(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 **Mamie Beach** **200**

(a) Residence, No. **3614 Dunnica Ave.** St. **16**
(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) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **August Beach**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March, 2nd, 1880.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 0 20

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Collinsville Illinois**

13. NAME **Charles Past**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Collinsville Illinois**

15. MAIDEN NAME **Bertha Kost**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT (ADDRESS) **August G. Beach 3614 Dunnica Ave.**

18. BURIAL, CREMATION, OR REMOVAL - PLACE **St. Marys Cemetery Edwardsville, Ill. Mar. 24-1938**

19. FUNERAL DIRECTOR (ADDRESS) **Wacker-Helderle 2331 S. Broadway**

20. FILED **J.P. Bredek** Local Registrar
MAR 23 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March, 21st, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Mar. 20, 1938, to Mar 21, 1938**
I last saw her alive on **Mar. 21, 1938.** Death is said to have occurred on the date stated above, at **7 P.M.**
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar bilateral lower Type I **12/19/38**
Date of onset

Other contributory causes of importance: **108**

Name of operation Date of
What test confirmed diagnosis? **X-Ray** 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 **John A. Berger** M. D.
(Signed) (Address) **3115 So. Grand**

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, Robert Wheeler Licensed Embalmer No. 2128

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

L. E.

No. 2128 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Robert Wheeler
Licensed Embalmer No. 2128

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.)