

REC'D SEP 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29239

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421  
 (b) Township \_\_\_\_\_ Primary Registration District No. 35-15A Registered No. 83  
 (c) City Crystal City (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Beverly Jane Auzat 230

(a) Residence, No. Crystal City Mo. St. ☐ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1938

7. AGE YEARS 0 MONTHS 0 DAYS 1 If LESS than 1 day, 22 hrs. or --- min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as saw mill, bank, etc. none  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Crystal City (STATE OR COUNTRY) Missouri

13. NAME Emile Auzat

14. BIRTHPLACE (CITY OR TOWN) Festus (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Louise Totel

16. BIRTHPLACE (CITY OR TOWN) Ottawa (STATE OR COUNTRY) Illinois

17. INFORMANT Robert Auzat Jr. (ADDRESS) Crystal City Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Catholic DATE 8/12/38

19. FUNERAL DIRECTOR (NAME) Duester - Vinyard (ADDRESS) Festus Mo.

20. FILED 8-12-38 J. E. Rutledge M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938 to Aug 12 1938

I last saw her alive on Aug 12 1938 Death is said to have occurred on the date stated above, at 248 m.

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

Cerebral hemorrhage  
Following difficult delivery  
at birth

Date of onset

Other contributory causes of importance:

Preeclampsia  
and associated injury  
at birth

Name of operation Chloral Date of no

What test confirmed diagnosis? Chloral 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) J. E. Rutledge M. D.

(Address) Crystal City Mo

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**