

REC'D OCT 12 1938

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

30592
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** (d) Street No. **Deaconess Hospital** 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.

Registered No. **8029**2. PRINT FULL NAME **Thomas Beatty**

(a) Residence, No. **4287 Olive Street** St. **19**
(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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 19, 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Auto**
9. Industry or business in which work was done, as saw mill, bank, etc. **Mechanic**
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) **Moneymore Ireland**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Isabelle Beatty**
(ADDRESS) **4287 Olive Street**

18. BURIAL PLACE **Valhalla** DATE **Sept 12th 1938**

19. FUNERAL DIRECTOR (NAME) **Wagoner Und Co**
(ADDRESS) **3621 Olive Street**

20. FILED **SEP 11 1938** **J. B. Bredin**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 10th 1938**

22. I HEREBY CERTIFY That I attended deceased from **Sept 4th 1938** to **Sept 10th 1938**
I last saw him alive on **Sept 10th 1938** Death is said to have occurred on the date stated above, at **4:15 p.m.**
The principal cause of death and related causes of importance were as follows:

Nephritis Chronic Interstitial

Nephritis Chronic Interstitial Date of onset **1-2-38**

Other contributory causes of importance:

Name of operation **None** Date of.....
What test confirmed diagnosis? **Blood Urine** 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? **At home**
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 **Not employed**

(Signed) **Scott Haines**, M. D.

(Address) **634 N Grand Blvd.**

Dr Scott. Huer
Mo Lisa. Bedy
9-11-1947

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

Neville B. Frohert

Licensed Embalmer No.

3696

P. O. Address

3621 Olive St

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.