

OCT NOV 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

33883  
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003  
(b) Townsh Primary Registration District No. 8869  
(c) City St. Louis (d) Street No. 1506 So. Third 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

Baby Beavers  
(a) Residence, No. 1506 So. Third St. 23 (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 Cald 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-38

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.  
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER 13. NAME Elbert Beavers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER 15. MAIDEN NAME Wattie Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Elbert Beavers

18. PLACE OF DEATH (CITY OR TOWN) (STATE OR COUNTRY) DATE St. Louis Oct. 15 1938

19. FUNERAL DIRECTOR (ADDRESS) W. Garrison

20. FILED OCT 11 1938 J. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1938, to 10/11/38, 1938.  
I last saw her alive on 10/11/38, 1938. Death is said to have occurred on the date stated above, at 6:10 A. m.

The principal cause of death and related causes of importance were as follows:  
Monter's paralysis + no more born alive at 5:52 AM and died @ 6:10 AM 10-11-38

Other contributory causes of importance:

Name of operation Date of  
What test confirmed diagnosis? 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, 1938

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 no  
(Signed) R. V. Brediker, M. D.  
(Address) 1325 S. Grand

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, James H. Harrison....., 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 James H. Harrison  
Licensed Embalmer No. 760

**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.)**