

JAN 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40840
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No.
(c) City or City St. Louis (d) Street No. City Hospital No. 1 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

Beulah Lasswell
(a) Residence, No. 1315 Marcus St. 6 (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. hwk
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) St. Louis, Missouri

FATHER 13. NAME Bruce Libbert
Missouri

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

MOTHER 15. MAIDEN NAME E. Eoll

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

17. INFORMANT (ADDRESS) Hos. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Dec. 7, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bensiek-Niehaus
1138 N. 6th Street.

20. FILED DEC 6 1938 J. F. Brubaker
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4/38

22. I HEREBY CERTIFY That I attended deceased from 11/8/38 to 12/4/38, 19...
I last saw her alive on 12/4/38, 19... Death is said to have occurred on the date stated above, at 12.10 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Other contributory causes of importance J. J.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?

(Signed) M. J. Hall, M. D.
(Address) City Hospital No. 1

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 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

Larry M. White

Licensed Embalmer No. *3973*

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.