

1933 JUL 12 1933

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

20251
Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1003
(c) City..... St. Louis or St. Louis (d) Street No..... City Hospital Registered No..... 5095
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Edward L. Beazley

(a) Residence, No. 5367 Arsenal St. St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city, 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 Clara Belle Beazley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 18, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BARBER
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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME William Beazley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Clara Belle Beazley (ADDRESS) 5367 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Pk. DATE 6-8, 1933

19. FUNERAL DIRECTOR (NAME) Kriegerhauser Mortuar (ADDRESS) 4228 So. Kingshighway

20. FILED JUN 6 1933 J. B. [Signature] Local Registrar.

No attending physician
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance were as follows:

Primary Cause: Primary Occlusion
Other contributory causes of importance: Atherosclerosis
Date of onset

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 _____, 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 _____
(Signed) [Signature] M.D.
(Address) [Signature]

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X16903

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 *Reinhold K. Lohmann*
.....
• Licensed Embalmer No. *3395*.....

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.