

Registration District No. **791** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003** **SEP 14 1939**  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **En Route St. Ann's Phillips**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, month of \_\_\_\_\_ days

8. (a) PRINT FULL NAME: **Beatrice White**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex: **Female** 5. Color or race: **Col** 6. (a) Single, widowed, married, divorced: **Single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **Unknown**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>abt: 48</b>			<b>hr. 2 min.</b>

9. Birthplace: **La.**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Housework**

11. Industry or business: **Unknown**

12. Name: **Unknown**

13. Birthplace: **"**  
(City, town, or county) (State or foreign country)

14. Maiden name: **"**  
(City, town, or county) (State or foreign country)

15. Birthplace: **"**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: **Feyll Baerhart**  
(b) Address: **4436 24th**

17. (a) \_\_\_\_\_ (b) Date thereof: **Sept 14 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: **St. Ann's Phillips**

18. (a) Signature of funeral director: **W. Richter**  
(b) Address: **3500 14th**

19. (a) **1939** (b) **J. P. Brudick**  
(Date recorded locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: **Mo** (b) County: **St. Louis**  
(c) City or town: **St. Louis** **25**  
(If outside city or town limits, write "RURAL")  
(d) Street No.: **1447 (Rear) Biddle**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.: \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **11**  
year **1939** hour **6** minute **10 P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Mental Degeneration**  
**Cerebral Hypertrophy**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: **MM**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence: \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury: \_\_\_\_\_

23. Signature: **J. P. Brudick**  
Address: **Deputy Registrar** Date signed: **7/20**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WHILE I REMAIN IN USE FORWARD BLACK INK—MAKE 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.

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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.**