

NOV 13 1939 791

Primary Registration District No. _____

Registrar's No. 8522

1. PLACE OF DEATH: 1003
(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(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, months or days

3. (a) PRINT FULL NAME Beatrice De Weese²⁵⁰
3. (b) If veteran, name war _____ 3. (c) Social Security No. 320-03-2778

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife F. Earl De Weese 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 9, 1894
(Month) (Day) (Year)

| | | | |
|-------------------------|-----------------|----------------|--|
| 8. AGE: Years <u>65</u> | Months <u>1</u> | Days <u>24</u> | If less than one day hr. _____ min. _____ |
|-------------------------|-----------------|----------------|--|

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady 1

11. Industry or business millinery

12. Name Unknown Davis 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary DeWitt

(b) Address 4327 Oregon

17. (a) To be shipped (b) Date thereof 10-4-39
(Burial, cremation, or disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe, Ohio

18. (a) Signature of funeral director Southern Ind. Co. - Ill.

(b) Address 6322 S. Grand Blvd.

19. (a) OCT 4 1939 (b) J. P. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4327 Oregon
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Months Oct. day 3rd
year 1939 hour 5:30 minute 12 M.

21. I hereby certify that I attended the deceased from July 7, 39, 19 to Oct. 3, 1939
that I last saw him alive on October 3, 1939
and that death occurred on the date and hour stated above.

| | |
|-----------------------------------|--------------|
| Immediate cause of death | Duration |
| <u>Septic endocarditis</u> | <u>1 day</u> |
| Due to <u>Septic endocarditis</u> | <u>3 mo.</u> |

Other conditions (include pregnancy within 3 months of death) Chronic nephritis
Intermittent

Major findings: Of operation _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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) (Specify type of injury)
23. Signature J. P. Bredich (M.D. or other) 1
Address 7702 Date signed 10/4/39

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 Frank Ludwig

Licensed Embalmer No. 2504

P. O. Address 6327 So. Grand

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.