

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X 2511

17 1934
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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40749

Registration District No. 1984

Primary Registration District No. 101

Registrar's No. 2011

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton

(c) Name of hospital or institution: St. Louis, Co. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution dead on arrival
(Specify whether In this community years, months or days) 2 Years.

3. (a) PRINT FULL NAME Beulah Brown 650

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

4. Sex Female 5. Color or race White 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 September 8 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

19	2	8	hr. min.
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9. Birthplace Franklin Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

MOTHER FATHER

12. Name Joe Brown

13. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Rhodus

15. Birthplace Franklin Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. D. Brown
(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof Nov. 19 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director Phos. P. Hoffman
(b) Address Sullivan, Mo.

19. (a) NOV 17 1939 (b) D. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1338 Woodruff Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1939 hour 5 minute 45 PM

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

Immediate cause of death Carbox monoxide poisoning due to illuminating gas 11/16/139

Due to _____

Due to _____

Other conditions 178
(Include pregnancy within 3 months of death) 14

Major findings: Of operations _____

Of autopsy Edema of lungs CO poisoning.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov 16, 1939

(c) Where did injury occur? Wellson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? NO (Specify type of place) CO poisoning
(2) Means of injury

23. Signature John D. Soule (M. D. or other) _____
Address Coroner of St. Louis County Date signed 11/17/39

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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..... *Pho. P. Shaffer*

Licensed Embalmer No. *2692*

P. O. Address *Sullivan, Mo.*

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.