5 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40830

REC'D DEC 9 1939

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1940

1. PLACE OF DEATH:

(a) County St. Louis, Co.

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 6 days. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. # 530 No. Union, Blvd.,
(If rural, give location)

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

3. (a) PRINT FULL NAME CLARE M. BEACH. 207

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Edward N. Beach

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 21 (Day) 1869 (Year)

8. AGE: Years 70 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name unknown, Evans.
13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Anna, unknown
15. Birthplace unknown (City, town, or county) Ill. (State or foreign country)

16. (a) Informant's own signature Glayds E. Beach Gray
(b) Address 436 Holly, Ave. St. Paul, Minn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) /6/ (Day) 39 (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) NOV 5 1939 (Date received local registrar) (b) C. R. Meyer M.D. Dr. P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1939 hour 9 minute 25 P. M.

21. I hereby certify that I attended the deceased from Oct. 14, 1939, to Nov. 3, 1939; that I last saw her alive on Nov. 3, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction	6 days
Local Peritonitis	3 days
Post-operative shock.	
Due to	
Due to	

1390

Other conditions Acute bronchitis; large pseudo-mucinious cyst or cyst adenoma of left ovarian origin
(Include pregnancy within 3 months of death)

Major findings: Of operations Numerous dense adhesions between small intestine and tumor mass.

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

23. Signature [signature] M.D. or other
Address 3720 Washington Blvd. Date signed 11/4/39

(Licensed Embalmer's Statement on Reverse Side)

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.

3720 Washington,
3 to 5 P.M.
JE-6330

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.