

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9431

Registration District No. 7097

Primary Registration District No. 1003

Registrar's No. 2914

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5012^a Maple Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community Two and one half years (Specify whether years, months or days)

9. (a) PRINT FULL NAME MALLIE P. BEALL

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Harry Beall 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 18 1859
(Month) (Day) (Year)

8. AGE: Years 80 Months 67 Days 4 If less than one day hr. _____ min _____

9. Birthplace PIKE COUNTY - MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name SAMUEL PATTERSON

{ 13. Birthplace Pike Co Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name MARtha Johnson

{ 15. Birthplace Pike Co Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Beall
(b) Address 5012^a Maple Ave St Louis MO

17. (a) Burial (b) Date thereof 3-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director Walter B. Bradford

(b) Address Bowling Green, Mo

19. (a) MAR 28 1940 (b) J. Bradford
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5012^a MAPLE Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25th
year 1940 hour 11 minute 30 AM

21. I hereby certify that I attended the deceased from January
_____ 1939 to Mar 23 1940
that I last saw her alive on Mar 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration 1 yr

Due to Bronchial asthma By History 5 yrs

Due to Chronic Bronchitis By History 5 yrs

Other conditions nephritis, chronic deg. brain
(Include pregnancy within _____ months of death)

Major findings: parenchymatous PHYSICIAN _____

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature John Bradford (M. D. or other) _____
Address 5005^a Gravois Date signed 3/25/40

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

2914
ATCZ

2914
ATCZ

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 Grace Barford

Licensed Embalmer No. 2204

P. O. Address Bonhig Green 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.