

MAY 15 1940

791

Primary Registration District No. 1003

Registrar's No. 3073

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution \_\_\_\_\_  
1714 Whittier Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 14 years  
years, months or days

3. (a) PRINT FULL NAME Kennie Beaumont 153

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased Aug 23 1856  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	7	8	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Manson

13. Birthplace Clarksville Tenn  
(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 Emily Lathan

(b) Address 1714 Whittier

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

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Clark Manning

(b) Address 2620 Lawton

19. (a) APR 3 1940 (b) \_\_\_\_\_  
(Date received local registrar) (City, town, or county)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouria (b) County \_\_\_\_\_

(c) City or town St Louis 11  
(If outside city or town limits, write "RURAL")

(d) Street No 1714 Whittier  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31  
year 40 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-16-, 1940 to 3-31-, 1940  
that I last saw her alive on 3-31-, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Duration 16 Days

Due to Age + Atherosclerosis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy no

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) (e) Means of injury \_\_\_\_\_

23. Signature L. Vincent (M. D. or other) \_\_\_\_\_  
Address 2336 Market Date signed 4-3-40

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 Me.

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clay Young

Licensed Embalmer No. 337P

P. O. Address St. Louis

**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.**