

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17067

State File No. _____

4545

MAY 15 1940
Registration District No. _____

791

Primary Registration District No. 1003

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town _____
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town 17
(If outside city or town limit, write "RURAL")
(d) Street No. 4548 Flora
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Nellie Benice Beaty 3AD

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 M

6. (b) Name of husband or wife Wilbur L. 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov. 11 1898
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Clifton Walter

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

14. Maiden name Alice Eusley

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

16. (a) Informant Wilbur L. Beaty

(b) Address 4548 Flora

17. (a) Burial (b) Date thereof May 23, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Auburn, Indiana

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6653 Clayton at Concordia

19. (a) MAY 22 1940 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 5-20-40
_____ 19____, to 5-22- _____ 1940;

that I last saw her alive on May 22, _____ 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
& infarction of Duration _____

Due to _____

Due to Rheumatic heart disease

Other conditions Cardiac decompensation
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 Alaf Mueller (M. D. or other) _____

Address BARNES HOSPITAL Date signed 5/22/40

STATEMENT BY LICENSED EMBALMER

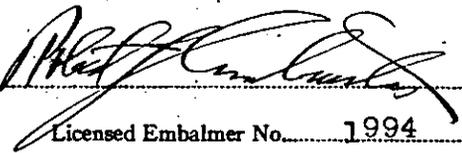
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

me

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

working under my personal supervision.

Signed



Licensed Embalmer No..... 1994

P.O. Address 6633 Clayton St. Lou

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.