

6  
 JUL 15 1940  
 No. 2  
 -11-10-39  
 5-17-39  
 I X21492

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1159

1. PLACE OF DEATH:  
 (a) County ST. LOUIS  
 (b) City or town WELLSTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1570 LEWIS 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 5 YRS.  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County ST. LOUIS  
 (c) City or town WELLSTON  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1570 LEWIS  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME MYRTLE BEALS  
 3. (b) If veteran, name war NO  
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 16  
 year 1940 hour 11 minute 15-A M.

4. Sex FEMALE  
 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife CHAS. T. BEALS  
 6. (c) Age of husband or wife if alive 62 years  
 7. Birth date of deceased JULY 1881  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 8, 1940, to June 16, 1940  
 that I last saw her alive on June 16, 1940  
 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Diabetic Coma  
 Due to Diabetes  
 Duration 1 day  
16 yrs

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

Other conditions 59  
 (Include pregnancy within 3 months of death)  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

MOTHER FATHER { 12. Name LEVY ALEXANDER

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

14. Maiden name LAURA WERNER

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

16. (a) Informant Mrs Charles L. Beals

(b) Address 1570 Lewis av

17. (a) REMOVAL (b) Date thereof June 19 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EFFINGHAM, ILL.

18. (a) Signature of funeral director E. J. Behmer

(b) Address 3125 Lafayette av

19. (a) JUN 18 1940 (Date received local registrar)  
Chas. T. Beals (Registrar's signature)

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?  
707 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. Hall (M. D. or other)  
 Address W. H. Hall Date signed 6/17/40

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

*John Blodgett*

**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 *John Blodgett*  
Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

**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.