

No. 2
4-13-40
5-17-39
P I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23233
State File No. _____
Registrar's No. 5678

REG AUG 25 1940
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town. St. Louis
(c) Name of hospital or institution
3438 Russell Blvd.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME William Edgar Roy Beardsley

3. (b) If veteran, name war. None 3. (c) Social Security No. 488-05-3665

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bess 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 5th 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 27 If less than one day
hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business _____

12. Name Clarence Beardsley

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

14. Maiden name Anna Cook

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

16. (a) Informant Bess Beardsley

(b) Address 3438 Russell Blvd.

17. (a) Cremation (b) Date thereof 7-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhall a Crematory
18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway

19. (a) JUL 3 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3438 Russell Blvd.
(If rural, give location)
(e) If foreign born, how long in U.S. as _____ years.

20. DATE OF DEATH: Month July day 2nd
year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
Subdural Hemorrhage
Liver
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) 34

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature _____ (Specify type of place) _____
While at work _____ (Means of injury) 5
Address _____

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

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..... *Edwin M. Bernath*

Licensed Embalmer No..... *3024*

P. O. Address.....

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, fact should be so stated above.