

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29579
Registrar's No. 1661

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Alexander Beverly 16H

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased NOV. 16 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>8</u>	<u>15</u>	_____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER

12. Name Robert Beverly 1

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

14. Maiden name Sarah Hopkins

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

16. (a) Informant Mrs. Lida Hartman
(b) Address 6427 Groves Pine Lawn, Mo.

17. (a) _____ (b) Date thereof 8/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Body buried over to

18. (a) Signature of funeral director Anatomical Board
(b) Address W. R. R. 3500 R. 2

19. (a) SEP 2 1940 (b) W. R. R. 3500 R. 2
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1st
year 1940 hour 7:45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 6/2/40, 19____, to _____, 19____;

that I last saw him alive on 8/1/40, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____
Congestive heart failure several days
Due to Hypertensive heart disease _____ years

Due to _____
1-5-18-2

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____
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 W. R. R. 3500 R. 2 (M. D. or other) 1
Address St. Louis County Date signed 3/10/40

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

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.....

Licensed Embalmer No.....

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.