S. No. 2
-11-10-39
5-17-39
P I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40916

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10687

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mos 27 das (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2710 Mills (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Beulah Hardin
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race Col,
6. (a) Single, widowed, married, divorced Sep,
6. (b) Name of husband or wife James Hardin
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased May (Month) 9 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
40	7	11	hr. min.

9. Birthplace Brunswick (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
12. FATHER Name Bill Hennley
13. FATHER Birthplace Fayett county (City, town, or county) Tenn (State or foreign country)
14. MOTHER Maiden name Cora Easley
15. MOTHER Birthplace Brunswick (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Ilmo Hennley
(b) Address 2710 Mills St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dixon Cem,
18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St
19. (a) DEC 27 1940 (Date received by registrar) (b) F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21 year 1940 hour 7:35 minute P M.

21. I hereby certify that I attended the deceased from October 24, 1940 to December 21, 1940 that I last saw her alive on December 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	10 das
Due to	
Due to	
Other conditions Cystitis, catarrhal (Include pregnancy within 3 months of death)	3 mos

107 a

Major findings:
Of operations
Of autopsy As above

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. Fletcher (M. D. or other)
Address 2601 N Whittier Date signed 12-27-40

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Bo

....., Registered Apprentice No. Imp

working under my personal supervision.

Signed Lorraine Boykin

Licensed Embalmer No. 294

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.