

JAN 25 1941
Registration District No. 757

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
325 Morgan Street
(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

3. (a) PRINT FULL NAME Ephraim Beebe

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ida May Johnson 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased January 8 1957
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 3 If less than one day hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Beebe
13. Birthplace Uniontown - Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Johnson
15. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Beebe

(b) Address 325 Morgan - St. Charles, Mo.

17. (a) Burial (b) Date thereof Dec. 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo.

18. (a) Signature of funeral director H. C. Bellmeyer & Sons

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 12-16-40 (b) Clarence P. Nesher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 325 Morgan St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1940 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 9
1940 to December 11 1940
that I last saw him alive on Dec 11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia - 1 wk

Due to Chronic nephritis - 1 mo
Hypertension

Due to Hypertension

Other conditions 1/31
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration
1 wk
1 mo
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? 1 (Specify type of place) (e) Means of injury _____

23. Signature Vernon A. Schneider (M. D. or other) MD
Address St. Charles, Mo Date signed Dec 13 40

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

2
4
3

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 E. Dallmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles Mo

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.