

No. 2
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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4998**
Registrar's No. **1246**

FILED MAR 25 1941 91

1003

Registration District No. _____ Primary Registration District No. _____

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

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:
5322 Devonshire 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 _____
years, months or days)

3. (a) PRINT FULL NAME Mike Beshears

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. Married

6. (b) Name of husband or wife Eva Mae Beshears 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Jan 26 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>0</u>	<u>11</u>	hr. min.

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

10. Usual occupation City Freight Agent

11. Industry or business Illinois Central R.R.

12. Name John Beshears

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

14. Maiden name Unknown

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

16. (a) Informant Eva Mae Beshears

(b) Address 5322 Devonshire Ave.

17. (a) Removal (b) Date thereof 2-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Kentucky

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.
(c) Date received local registrar FEB 6 1941
(d) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5322 Devonshire Ave. 14
(If rural, give location)

(e) If foreign born, how long in U.S.A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 6th
year 1941 hour 12:05 minute A. M.

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

Immediate cause of death: Coronary Thrombosis with Chronic Myocardial Fibrosis

Due to: Control: Chronic Interstitial Nephritis

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature _____ (Specify type of place) (e) Means of injury 3

Address Exp. Mort. Co. (M. D. or other) _____
Date signed 2/6/41

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 D. McAllister

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.