

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

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12723
Registrar's No. 3153

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5470 Euclid Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 25 years
years, months or days

3. (a) PRINT FULL NAME CLEMONS M. BEEL
 3. (b) If veteran, name war None
 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 Marie Smith Beel 6. (c) Age of husband or wife if alive 57 yrs. years
 7. Birth date of deceased April 2, 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 7 If less than one day
hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Operator Public Service Co.

11. Industry or business _____
 MOTHER FATHER { 12. Name John Beel
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Beel
 (b) Address 5470 Euclid Avenue
 17. (a) Burial (b) Date thereof 4/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
 (b) Address 2161 East Fair Avenue
 19. (a) APR 11 1941 (b) J. W. Brudick
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis 177
(If outside city or town limits, write "RURAL")
 (d) Street No. 5470 Euclid Avenue 9
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr. day 9 05 AM
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 3-28
1941 to 4-9-1941
 that I last saw him alive on 4-8-1941
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Chr. Myocarditis
Chr. Nephritis
 Due to _____
 Due to _____
 Other conditions Diabetes
(Include pregnancy within 3 months of death)
 Major findings Acute Bronchitis
Of operations Pulmonary hemorrhage
 Of autopsy h. g.
 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 S. A. Sanchez (M. D. or other) M. D.
 Address 4885 Natural Bridge Date signed 4/9/41

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.....



Licensed Embalmer No. 2967

P. O. Address St. Louis, 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, fact should be so stated above.