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7-39  
X26390

Registration District No. FILED JOL 27

Primary Registration District No. Jeo

Registrar's No. 1373

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Clencoe, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
near Old State Rd. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo.

(b) County St. Louis, 96

(c) City or town Clencoe, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. near Old State Rd.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Phyllis A. Beard,

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30,  
year 1941 hour 3 minute 30 A.M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife xxx

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 5  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 28  
1941 to June 30 1941;  
that I last saw her alive on June 27 1941;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>4</u>	<u>25</u>	hr. _____ min.

Immediate cause of death Bronchial pneumonia

Due to Malnutrition & Emaciation

Due to \_\_\_\_\_

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Other conditions 107  
(Include pregnancy within 3 months of death)

10. Usual occupation none

11. Industry or business at home

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Louis M. Beard,

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

14. Maiden name Sullivan C. Bachie,

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

16. (a) Informant Mrs. Sullivan C. Beard,

(b) Address Clencoe, Mo.

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? \_\_\_\_\_

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date there July 2, 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cem. Clencoe, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

23. Signature Henry Scott (M. D. or other) M.D.

Address Ballwin Mo. Date signed 6/30/41

19. (a) JUN 30 1941  
(Date received local health officer)

(b) [Signature]  
(Registrar's signature)

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

SEP 3 0 1949

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**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.....

*Geo. Schrader*

Licensed Embalmer No.....

*3066*

P. O. Address.....

*Gallevin, 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.**