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FILED AUG 28 1941 91
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community 21 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 911 Walton Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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1279

3. (a) PRINT FULL NAME Susan Beard

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Jeormiah Beard 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 3 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Fort Wayne Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Watson Wall
13. Birthplace Philadelphia Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Barnett
15. Birthplace Fort Wayne Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant W. W. Stevenson
(b) Address 5252 Northland Ave.

17. (a) Burial (b) Date thereof 7/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St. St. Louis, Mo.

19. (a) JUL 3 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, year 1941 hour 12:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 21, 1941 to July 2, 1941; that I last saw her alive on July 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

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

Major findings: Of operations _____
Of autopsy _____

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) _____ (Specify means of injury)
23. Signature [Signature] (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 7/2/41

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

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

MOTHER FATHER

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 Neville B. Fisher

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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

If this body is not embalmed, fact should be so stated above.