

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7047

1. PLACE OF DEATH **FILED OCT 18 1941**

- (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: Barnes Hospital
(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)

8. (a) PRINT FULL NAME BEVERLEY JAUDON

8. (b) If veteran, name war none 8. (c) Social Security No. _____

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 28 1908
(Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Proprietor of filling station

11. Industry or business Shell Oil Company

12. Name Dr. Benjamin Y. Jaudon

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

14. Maiden name Stacie Beverley

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

16. (a) Informant Dr. J. C. Jaudon
(b) Address 48 Glenn Rd., Webster, Mo.

17. (a) Burial (b) Date thereof Sept. 1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Memorial Gardens

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Bly'd., St. Louis, Mo.

19. (a) SEP 1 1941 (b) J. P. Beck
(Date received locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Louis SE
(c) City or town University City N.R. 3
(If outside city or town limits, write "RURAL") 0-
(d) Street No. 431 West Gate Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1941 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 7 1941 to August 29 1941;
that I last saw him alive on August 29 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Dermatomyositis Duration 3 mos
and

Due to Acute pneumonia 18 hrs
Massive atelectasis 18 hrs

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy The above findings

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 Truman S. Drake M. D. or other _____

Address 114 N Taylor Date signed 9/1/41

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

Dr. Truman G. Drake
Office: 114 N. Taylor Ave. JE-8600
Residence: ~~7024 Ambrose Ave. PA 4751~~

4515 Lindell - R 67543.
call him 2:30.
Farrington House. 10 a.m.

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 Clarence H. Munn

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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, above space should be left blank.