

FILED MAR 17 1942

791

Primary Registration District No.

1003

Registrar's No.

1294

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Edward Beans

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Nov 29 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 12 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Dora Beans
13. Birthplace Miss 1
(City, town, county) (State or foreign country)
14. Maiden name Editha Osborn
15. Birthplace Miss 1
(City, town, county) (State or foreign country)

16. (a) Informant Dora Beans

(b) Address 4234 W. Ashland Ave

17. (a) (b) Date thereof 2/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director H. J. Smith

(b) Address 4247 N. 1st St. St. Louis

19. (a) FEB 11 1942 (b) J. J. Prebeck
(Date received local registrar) (Registrar's signature)

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. 4234 W. Ashland (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9 year 1942 hour..... minute 15 P. M.

21. I hereby certify that I attended the deceased from February 5th 1942 to February 9th 1942
that I last saw him alive on February 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Broncho Pneumonia, primary 1 week

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration

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 J. J. Prebeck (M. D. or other)

Address 2601 W. Butler Date signed 2/11/42

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

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 *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *2649th Delmas Bl*

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.