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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

77630

State File No.

FILED MAR 16 1942

Registration District No.

Primary Registration District No. 200

Registrar's No. 534

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8825 Garvin /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 8825 Garvin
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Robert Beach

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma Beach 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 8 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Baltimore / Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name James Beach

13. Birthplace Michigan /
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown /
(City, town, or county) (State or foreign country)

16. (a) Informant Vern Beach

(b) Address 8825 Garvin-Normandy

17. (a) Burial (b) Date thereof 3-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) MAR - 9 1942 (b) C. H. Mc ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes Duration _____

Due to Chronic myocarditis

Due to _____

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

Major findings: Of operations _____

Of autopsy Yes

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) Means of injury _____

23. Signature Louis H. Bopp, Inc. (M. D. or other)

Address Kirkwood, Mo. 3/9/42 Date signed

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

MOTHER FATHER

767

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.....

Louis H. Boff

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H. Boff

Licensed Embalmer No.....

921

P. O. Address.....

Hickwood 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.