V. S. No. 2
M—11-10-39
Rev. 5-17-39
I-X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16153

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5160

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

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 Phillips Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 099
(c) City or town St. Louis, 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4226 W. Evans
(If rural, give location) D
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Beulah Ganges

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female 3

5. Color or race Negro

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 March 14th. (Month) 1911 (Day) (Year)

8. AGE: Years 31 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Princeton (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business Self

FATHER
12. Name John Ganges
13. Birthplace Farlington, (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Gavella Bennett
15. Birthplace Princeton, (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Gavella Ganges
(b) Address 4226w Evans Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis

19. (a) JUN 14 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10 year 1942 8 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 31, 1942, to June 10, 1942; that I last saw her alive on June 10, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pericarditis	6 mos.
Bronchopneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. A. Sanders (M. D. or other) D
Address 2601 Whittier Date signed 6/13/42

(Licensed Embalmer's Statement on Reverse Side)

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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 James A. Johnson, Registered Apprentice No. _____, working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3528

P. O. Address 4107 Finney Ave.

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, above space should be left blank.