

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.
 Registrar's No.

FILED JAN 19 1943
 318

Registration District No.
 Primary Registration District No. 1003

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:
Christian Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community..... one day
 years, months or days) (Specify whether)

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. 3600 Marcus Ave.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Edward Beaujean
 3. (b) If veteran, name war..... None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 11
 year 1943 hour..... 9 minute 20 a. m.

4. Sex Male 5. Color or Race White
 6. (a) Single, widowed, married, divorced, Widower
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from Jan 9
1943 to Jan 11 1943;
 that I last saw him alive on Jan 10 1943;
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 18, 1874
 (Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage 3 days
 Due to.....
 Due to.....

8. AGE: Years Months Days If less than one day
68 3 23 hr. min.

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

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

Major findings:
 Of operations.....
 Of autopsy Cerebral hemorrhage, both ventricles

10. Usual occupation Retired Clerk
 11. Industry or business.....
 12. Name Edward Beaujean
 13. Birthplace Belgium
 (City, town, or county) (State or foreign country)
 14. Maiden name Katherine Ryer.
 15. Birthplace Belgium
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mildred S. Gillson
 (b) Address 3600 Marcus Ave.
 17. (a) Burial (b) Date thereof Jan. 14. 43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery
 18. (a) Signature of funeral director Daniel Niehaus
 (b) Address 1431 Union Blvd.
 19. (a) JAN 12 1943 (b) J. F. Brudick
 (Date received local registrar) (Registrar's signature)

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 Joseph A. Costello (M. D. or other) M.D.
 Address Ballentine + Hall Rd Date signed 1/11/43

JM Cauter
PH 7-10-11-12-13-14-15

FEB 9 1943

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 Frank H. Niebauer's
Licensed Embalmer No. 3915
P. O. Address 1431 Union

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.