

11488

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 15 1943

Registration District No. 104

Primary Registration District No. 101

Registrar's No. 569

76  
32  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community                       
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town S. Kinloch  
(If outside city or town limits, write "RURAL")

(d) Street No. Scott & Jefferson Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country                     

3. (a) PRINT FULL NAME Beulah Mims

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1943 hour 4 minute :00 A.M.

21. I hereby certify that I attended the deceased from 3-5-43  
                    , 19                     to 3-7-43, 19                    ;  
that I last saw her alive on 3-7-43, 19                    ;  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased May 1888  
(Month) (Day) (Year)

Immediate cause of death Hypertensive cardiac vascular renal disease & drop

Due to                     

Due to                     

Other conditions                       
(Include pregnancy within 3 months of death)

8. AGE: Years 54 Months ? Days ?  
If less than one day                      hr.                      min.

9. Birthplace Clarksville Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business                     

12. Name Boyd Roberts

13. Birthplace Guthrie Ky.  
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Jenkins

15. Birthplace Guthrie Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant John Robert

(b) Address 4445 Page ave

17. (a) Burial                      (b) Date thereof 3-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Ceme

18. (a) Signature of funeral director                     

(b) Address 2931 9th Cos Ave

19. (a) MAR 9 1943 (b) E. J. Moller  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations                     

Of autopsy                     

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 James S. Loggans (M. D. or other) MD

Address St. Louis County Hosp. Date signed 3-8-43

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**