

FILED MAY 12 1943 818

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 Mo. 10 Days
(Specify whether years, months or days)

In this community 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
95

(d) Street No. 5763 Westminster Pl.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
0
If yes, name country _____

3. (a) PRINT FULL NAME Royce Beckwith Bray

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex M

5. Color or race O W

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife EMMA BRAY

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation Chemist

11. Industry or business _____

12. Name John Brown

13. Birthplace Monroeville, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Beckwith

15. Birthplace Bellville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS NANCY O'MARA

(b) Address 1024 S FLORISSANT FOREST

17. (a) (Burial, cremation, or removal) _____

(b) Date thereof 5-3-43
(Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director J. J. Budach

(b) Address FLORISSANT AVE

19. (a) MAY 2 1943 (b) J. J. Budach
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29, year 1943 hour 5:35 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 20, 1943 to April 29, 1943 that I last saw him alive on April 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Senile psychosis

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) Tuberculosis, Lung

Major findings: Of operations _____

Of autopsy Same as above

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? 0

While at _____ (Specify type of place)

23. Signature Arthur Sweetman, M.D. (M. D. or other) _____

Address 15-15 Lafayette Date signed 4-30-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 William J. Hiron

Licensed Embalmer No. 4319

P. O. Address St Louis 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.