

FILED JUL 8 1943
Registration District No. 318

Primary Registration District No.

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

3. (a) PRINT FULL NAME Paul Leroy Beeler

3. (b) If veteran, name war None 3. (c) Social Security No. 488-01-6445

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kathleen Beeler 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased October 20 1915 (Month) (Day) (Year)

8. AGE: Years 27 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Manager

11. Industry or business Salem Telephone Co

12. Name Roy Beeler

13. Birthplace Mound City Missouri (City, town, or county) (State or foreign country)

14. Maiden name Martha Vaughn

15. Birthplace Salem, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Kathleen Beeler

(b) Address Salem, Missouri

17. (a) Burial (b) Date thereof 6/28/43 (Month) (Day) (Year)

(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) 28 1943 (b) J. F. Busch (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33
(c) City or town Salem (If outside city or town limits, write "RURAL") NR
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1943 hour 7 minute 29 P. M.

21. I hereby certify that I attended the deceased from December 19 1941 to June 26 1943; that I last saw him alive on June 26 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Unbalanced Heart Disease (Doubt Mitral) Duration 29 years

Due to Acute Fibr (?) stage of first year.

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?

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

23. Signature C. P. Ruffin (M. D. or other) Address 1020 Mo. State Bldg. St. Louis Mo. Date signed 6-28-43

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

MOTHER FATHER

NOV 24 1949

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

J. Allen Davis Jr.
4053

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.