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5-17-42  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22404**  
Registrar's No. **1385**

FILED JUN 19 1943 317

Registration District No. **317**

Primary Registration District No. **3069**

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

3066

1. PLACE OF DEATH:

(a) County **St. Louis**

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

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

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

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Clayton**  
(If outside city or town limits, write "RURAL")

(d) Street No. **8208 Brighton Way**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Beverly Jane Hoover**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 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 **Nov. 6 1924**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>18</b>	<b>7</b>	<b>7</b>	_____ hr. _____ min.

9. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business **Federal Reserve Bank**

12. Name **Raymond S. Hoover**

13. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Olive Ballard**

15. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **R. S. Hoover**

(b) Address **8208 Brighton Way**

17. (a) **Removal** (b) Date thereof **6-14-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Indianapolis Ind.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **6-14-43** (b) **C. J. McIlvaine, M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13** year **1943** hour **2** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **May 31 1943** to **June 12 1943** that I last saw her alive on **June 13 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis  
Sub-phrenic abscess  
Pleural effusion**

Duration  
**4 days  
4**

Due to **Mucoviscidiosis**

Due to **1941**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Ovarian cyst twisted on its pedicle - removed with appendix** Of autopsy **as above**

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 **Paul Kramer** (M. D. or other) Address **634 N. Grand** Date signed **6-14-43**

634 M. Enovid  
1-3

**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 Warren A. Carver  
Licensed Embalmer No. 3534  
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.**