

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

MAILED AUG 1943

318

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's 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:  
Park Lane Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Henderson

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

(d) Street No. 1315 Obyrne Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Beauchamp

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-21-43, 19, to 7-27-43, 19;  
that I last saw her alive on 7-27-43, 19;  
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife Arthur E. Beauchamp

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

7. Birth date of deceased: July 4 1875  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Engyema of nose

Due to \_\_\_\_\_  
None calculous

Due to \_\_\_\_\_  
12/27/43

8. AGE: Years Months Days If less than one day

68 0 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hancock County Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name P. Sadler

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

14. Maiden name Mary Brown

15. Birthplace Hancock County Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Chloe Mitchell

(b) Address Parma, Missouri

17. (a) Removal (b) Date thereof 7/28/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henderson Kentucky

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

(b) Address 4700 Washington Blvd.

19. (a) \_\_\_\_\_ (b) St. Fredrick  
(Date received local registrar) (Registrar's signature)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 [Signature] (M. D. or other) med

Address 4930 Date signed 7-27-43

**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..... *J. Allen Davis Jr*  
Licensed Embalmer No..... *4053*  
P. O. Address..... *City*

**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.**