. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39499

Primary Registration District No. 1003

Registrar's No. 11965 45

1. PLACE OF DEATH:

(a) County
(b) City or town SAINT LOUIS:
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DE PAUL HOSPITAL 0
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis ?
(c) City or town University City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 410 West Point Court NR
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN JAMES HERBERT BEITMAN

3. (b) If veteran, name war ----------

3. (c) Social Security No. ---------

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced ---A---

6. (b) Name of husband or wife ----------

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

7. Birth date of deceased DECEMBER (Month) 29 (Day) 1943 (Year)

8. AGE: Years INFANT. Months Days ✓ If less than one day hr. min.

9. Birthplace SAINT LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation ----------

11. Industry or business ----------

MOTHER FATHER

12. Name HERBERT A. BEITMAN

13. Birthplace NEW BURNSIDE (City, town, or county) ILLINOIS (State or foreign country)

14. Maiden name ELIZABETH CAMPBELL

15. Birthplace HOUSTON (City, town, or county) TEXAS (State or foreign country)

16. (a) Informant G. B. CAMPBELL
(b) Address 410 WEST POINT COURT

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEMETERY.

18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLVD.

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th year 1943 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 29, 1943 to Dec 30, 1943 that I last saw him alive on Dec 30, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Subdural hemorrhage	2 day
Due to: Birth trauma	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Patent foramen ovale, patent ductus arteriosus	

Major findings:
Of operations
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 kind of place) (e) Means of injury 0

23. Signature L. M. Morgan (M. D. or other)
Address 4500 Olive St. Date signed 12-30-43

(Licensed Embalmer's Statement on Reverse Side)

Sister Bedg.
Ro 6614
1-3 P.M.

Not Embalmed

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 Clarence H Murr

Licensed Embalmer No. 4011

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.