

FILED JAN 20 1944

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1513

1. PLACE OF DEATH:

(a) County _____

(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
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2508a University St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Alice Elizabeth Beauhuld

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife William Beauhuld

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

7. Birth date of deceased March 4 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Kitchen

11. Industry or business Hotel Melbourne

12. Name Joe Bernhardt

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

14. Maiden name Julia Adam

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

16. (a) Informant Mrs. Grace Niedergerke

(b) Address 2508a University St.

17. (a) Burial (b) Date thereof 1-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul Hy. Leidner U. Co.

18. (a) Signature of funeral director J. F. Brudack

(b) Address 2223 St. Louis Ave.

19. (a) JAN 7 1944 (Date received local registrar)

J. F. Brudack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1944 hour 8:10 minute A M.

21. I hereby certify that I attended the deceased from December 25, 1943, to January 4, 1944; that I last saw her alive on January 4, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hrs

Due to Hypertension

Other conditions JF
(Include pregnancy within 3 months of death)

Major findings: Chronic Cholecystitis Non-calculi JF

Of operations _____

Of autopsy _____

PHYSICIAN: _____
Indicate 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 J. F. Brudack (M, D, or other) JF

Address 1515 Lafayette Avenue Date signed 1/7/44

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

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 *Homer L. Ponder*.....

Licensed Embalmer No. *3367*.....

P. O. Address *2223 St. Louis Ave*.....

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.