

Registration District No. _____ Primary Registration District No. 4467

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Valley Park
(c) Name of hospital or institution: Pettys Road
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Valley Park
(d) Street No. Pettys Road
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Joseph E. Beadle
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 Married
6. (b) Name of husband or wife Anne Elizabeth Beadle 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Febr. 19 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 10 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Department Mgr.

11. Industry or business Retired

MOTHER, FATHER { 12. Name Henry Beadle
13. Birthplace unknown Mo.
14. Maiden name Elmira Brown
15. Birthplace unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Anne Beadle
(b) Address Valley Park Mo.

17. (a) Burial (b) Date thereof 1-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Dreehmann-Harral

18. (a) Signature of funeral director _____
(b) Address 1905 Union Blvd.

19. (a) JAN 22 1944 (b) C. J. McHarris, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19 year 1944 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from April 8 1944 to Jan 10 1944
that I last saw him alive on Jan 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 8-11 months
Due to _____
Due to _____

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

Major findings: Of operations F3A1
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 F. P. Knuth M.D. (M. D. or other) _____
Address Valley Park Mo Date signed 1-20-44

DEC 1 1944

DEC 1 1944

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.