

FILED MAR 13 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2051**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1117 1/2 N. 24th. St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(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. **1117 1/2 N. 24th.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Gloria Bevineau**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Colored** 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 _____ (Month) (Day) (Year)

8. AGE: **abt #13** Years Months Days If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Joseph L. Bevineau**
13. Birthplace **Belleville, Ill.** (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Arlene Curtis**
15. Birthplace **Belleville, Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Joseph L. Bevineau**
(b) Address **St. Louis, Mo.**

17. (a) **Removal** (b) Date thereof **3/1/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Belleville, Ill.**

18. (a) Signature of funeral director **John Gaudner**
(b) Address **Belleville, Ill.**

19. (a) **J. F. Bredeck** (b) **J. F. Bredeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **29**
year **1944** hour **11** minute **24**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral meningitis and cystitis.**

Due to _____
Due to **81**

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 **3**

23. Signature **Thomas F. Callera** (M. D. or other)
Address **Deputy Coroner** Date signed **3-44**

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

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STATEMENT BY LICENSED EMBALMER

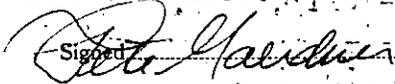
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Body not embalmed.

Signed



..... Licensed Embalmer No.....

..... 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, above space should be left blank.