

S. No. 2  
DM-5-43  
v. 5-17-39  
1 X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35643  
10169

FILED DEC 9 1944

State File No.

1003

Registration District No.

318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County 1  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days) 0 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 6  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4717 1/2 Ashland  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Raymond Beasley  
3. (b) If veteran, name war Spanish War  
3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M-I  
6. (b) Name of husband or wife VIOLA 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased 6/17/1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation TERMINAL R.R.

11. Industry or business Retired

12. Name WILLIAM BEASLEY

13. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)

14. Maiden name LETTIE ANN COOK

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

16. (a) Informant VIOLA BEASLEY

(b) Address 4717 1/2 Ashland

17. (c) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 30 1944 (Month) (Day) (Year)

(c) Place: burial or cremation MARISSA ILL

18. (a) Signature of funeral director P. H. VOST UNDCO.

(b) Address 3710 N. GRAND BLVD.

19. (a) NOV 29 1944 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1944 hour 4 minute 50 P.M.  
21. I hereby certify that I attended the deceased from Oct. 23 1944 to Nov. 27 1944.  
that I last saw him alive on Nov. 27 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Due to Pericardial abscess, cause unknown  
Prostatic hypertrophy  
Other conditions 137  
(Include pregnancy within 3 months of death)

Major findings: Pericardial abscess  
Benign Prostatic Hypertrophy  
Of operations NONE  
Of autopsy NONE

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) NONE  
(b) Date of occurrence NONE  
(c) Where did injury occur? NONE (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NONE  
While at work? NONE (Specify type of place) (e) Means of injury NONE

23. Signature Wm. P. Scott (M. D. or other) Address 1003 Date signed 11-27-44

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

MOTHER FATHER

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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.

Signed Earl E. Provoost

Licensed Embalmer No. 1578

P. O. Address 3710 N Grand Blvd

**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.**