. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36468

FILED DEC 5 1944 818

Registration District No. _____ Primary Registration District No. 1066 Registrar's No. 9979

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 Childrens Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days. (Specify whether years, months or days)
In this community 5-days D

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County MARION

(c) City or town Salem
(If outside city or town limits, write "RURAL")

(d) Street No. 417 Singer Street N.R.
(Rural, give location)

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

3. (a) PRINT FULL NAME Beverly Ilene Straud.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 9 (Month) 16 (Day) 41 (Year)

8. AGE: Years 3 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace SALEM - ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

FATHER
12. Name STANLEY - STRAUD
13. Birthplace BENTON - ILLINOIS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LEOTA - BROWN
15. Birthplace IUKA - ILLINOIS (City, town, or county) (State or foreign country)

16. (a) Informant STANLEY - STRAUD
(b) Address SALEM - ILLINOIS

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Illinois

18. (a) Signature of funeral director Hancock Funeral Home
(b) Address Salem, Illinois

19. (a) NOV 24 1944 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22 year 44 hour 7:00 minute — A.M.

21. I hereby certify that I attended the deceased from Nov 18, 1944 that I last saw her alive on Nov 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic pneumonia complicated by empyema, pneumothorax, pneumonitis, chronic effusion & fibrous atelectasis families — Duration

Due to undetermined causes

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:
Of operations _____

Of autopsy chronic chronic pleurisy, congestion of liver, kidneys, pneumonitis

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 Gilbert B. Forber (M. D. or other)

Address 500 North Kingshighway Date signed 11/22

(Licensed Embalmer's Statement on Reverse Side)

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 John Kettler

Licensed Embalmer No. 3880

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.