

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town St. LOUIS
(d) Street No. 2919 Caroline
(e) Citizen of foreign country? (Yes or No) No

3. (a) PRINT FULL NAME John Allison Beaudoin

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 WID
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC 15 1869

8. AGE: Years 75 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Missouri

10. Usual occupation

11. Industry or business

12. Name BEAUDOIN

13. Birthplace UNK

14. Maiden name EMLEY

15. Birthplace Unk

16. (a) Informant Mrs James Vaughn

(b) Address 2919 Caroline St

17. (a) BURIAL (b) Date thereof 1-10-45

(c) Place: burial or cremation St Ferdinand Gore Parish, Mo

18. (a) Signature of funeral director E. J. Sanner

(b) Address 3125 Lafayette

19. (a) JAN 9 (b) Registrar's signature J. Medel

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 7th year 1945 hour 2:50 minute P. M.
21. I hereby certify that I attended the deceased from 12/12/44 to 1/7/45
that I last saw him alive on 1/7/45 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus Duration
Due to Thrombo phlebitis

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature E. W. Czebunski (M. D. or other) 1/8/45
Address 1515 Lafayette Date signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Jas B Vollmer*

Licensed Embalmer No. *4014*

P. O. Address..... *St Louis #*

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.