. S. No. 2
DM—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. 7486

FILED MAR 28 1945

Registration District No. 318 Primary Registration District No. Registrar's No. 2542

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: Barnes Hospital
(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 Illinois (b) County Gallatin
(c) City or town Ridgway
(If outside city or town limits, write "RURAL")
(d) Street No. B.N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Frederick Bean

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura A. Bean

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August (Month) 13 (Day) 1880 (Year)

8. AGE: Years 64 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Rural Mail Carrier

11. Industry or business

FATHER
12. Name Silas M. Bean
13. Birthplace Ridgway (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Jennie Pritchett
15. Birthplace Omaha (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Laura Bean
(b) Address Ridgway, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ridgway, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1945 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from February 25th 1945 to March 16 1945 that I last saw him alive on March 16th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma — Duration 6 mo.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of left upper lobe found and pneumonectomy performed
Of autopsy Widespread metastases thru-out abdomen + chest.

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature F. R. Bradley (M. D. or other) M.D.
Address Barnes Hospital, Date signed 3/17/45

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1949

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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 John Ogonoski

Licensed Embalmer No. 3398

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.