

FILED JUN 4 '945
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's 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 Missouri (b) County Stoddard **103**
(c) City or town Dudley
(If outside city or town limits, write "RURAL") **NR**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME David Darrel Beaty
3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 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 April 21 1941
(Month) (Day) (Year)

8. AGE: Years 4 Months 1 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name William Beaty
13. Birthplace Clay County Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Lois Emery
15. Birthplace Dudley Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Beaty
(b) Address Dudley Missouri

17. (a) Burial (b) Date thereof 5-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill, Missouri

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

19. (a) MAY 24 1945 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1945 hour 6 minute 55 P. M.
21. I hereby certify that I attended the deceased from 5:14, 1945, to 5:23, 1945;
that I last saw him alive on 5:23, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcus meningitis

Due to _____
Due to 81
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? _____ (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 J. F. Braddock (M. D. or other) _____
Address Dr. H. Ruppel Date signed _____

Duration _____
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 *W. Wilkinson*
Licensed Embalmer No. 3575
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.