

FILED JUN 14 1945

Registration District No. 181

Primary Registration District No. 5677

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Briscoe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME Louis N. Beals

3. (b) If veteran, name war No. 3. (c) Social Security No.

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 Feb. 11, 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 16 hr. min.

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

10. Usual occupation Civil Engineer

11. Industry or business City of St. Louis

12. Name Louis N. Beals
13. Birthplace Copley Center, Trumbull Co. Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Weltha E. House
15. Birthplace Sandusky, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. L. Munson

(b) Address 3201 N. Broadway

17. (a) Burial (b) Date thereof 6/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) May 31 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County [Signature]
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30,
year 1945 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from May 21
1945 to May 30, 1945
that I last saw him alive on May 30, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

Myocardial Infarction 2 mos.
Coronary Artery Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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?

23. Signature J. L. Barsch (M. D. or other)
Address 1704 Mo Date signed 5/31/45

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

6-13-45

OCT. 1 1945

STATEMENT BY LICENSED EMBALMER

21101271

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

Walter C. [Signature]

Licensed Embalmer No.

1994

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.