S. No. 2
DM—2-43
v. 5-17-39
I X35637

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28840

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8154

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: City Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community 1½ year

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 6724 Mc.Cune Ave 9 3
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: ALVA BEARD

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: Wid 2

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March (Month) 12 (Day) 1868 (Year)

8. AGE: Years 77 | Months 6 | Days 5 | If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: not given
13. Birthplace: not given (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: not given
15. Birthplace: not given (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Helena A. Singler
(b) Address: 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Edith E. Ambruster
(b) Address: 4234 Manchester

19. (a) SEP 19 1945 (Date received local registrar) (b) J. H. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 17 year 1945 hour 8.45 minute P M.

21. I hereby certify that I attended the deceased from Sept. 4th 1945 to Sept. 17 1945 that I last saw h. im alive on Sept. 17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: 97

	Duration
Due to: Arteriosclerosis, generalized	5yrsX
Due to: Arteriosclerotic Heart Disease	5yrs.x.
Other conditions: Dehydration & Malnutrition (Include pregnancy within 3 months of death)	2-wks.

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

23. Signature: Cyrus Packter (M.D. or other) M.D.
Address: 5400 Arsenal St. Date signed 9/19/45

(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 Thomas Eynck

Licensed Embalmer No. 1284

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.