

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

30282
State File No. _____

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 278

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town _____
(c) Name of hospital or institution 727 So Lorraine
(d) Length of stay: In hospital or institution _____
In this community 62 yrs -

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Cape Girardeau
(c) City or town Cape Girardeau
(d) Street No. 727 So Lorraine
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John Beaudreau
(b) If veteran, name war _____
(c) Social Security No. _____

20. DATE OF DEATH: Month Sept day 1st
year 1945 hour 11 minute 30 A. M.

4. Sex male
5. Color or race white
6. (a) Name of husband or wife Rosa
7. Birth date of deceased March 16 - 1882

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 63 Months 5 Days 15
If less than one day hr. _____ min. _____

Due to Strangulation
Due to Being hung by a rope

9. Birthplace Cape Girardeau Mo
10. Usual occupation Planer mill

Other conditions _____
Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Jacob Beaudreau
13. Birthplace France
14. Maiden name Adeline Buisson
15. Birthplace Ill.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Sept 1, 1945
(c) Where did injury occur? Cape Girardeau Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - 727 So Lorraine St.

16. (a) Informant John Beaudreau
(b) Address Cape Girardeau Mo
(c) Place: burial or cremation Lorraine
18. (a) Signature of funeral director J. H. Howell
(b) Address Cape Girardeau Mo
19. (a) 9-8-45 (Date received local registrar)
(b) J. H. Howell (Signature)

23. Signature J. H. Sigmond (M.D. or other)
Address Jackson, Mo Date signed 9/1/45

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

MOTHER FATHER

Health Officer No. 4
District File Number 1045-114
Date Filed 10-6-45

JUN 11 1950

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. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.