

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED JAN 28 1946
Registration District No. _____

Primary Registration District No. 1002

47

2281
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(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 1 mo 4 da
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne

(c) City or town Bridgmont
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CHESTER ROBINSON BEATY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lora Mae Beaty

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 3-4-1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 28

If less than one day hr. _____ min. _____

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

10. Usual occupation carpenter

11. Industry or business unknown

MOTHER FATHER

12. Name unknown

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

14. Maiden name 11

15. Birthplace 4 (City, town, or county) 9 (State or foreign country)

16. (a) Informant William R. Tucker

(b) Address 2164 Lee Ave - Granite City, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-4-46
(Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo

18. (a) Signature of funeral director Howard A. Rowland

(b) Address 435 Washington

19. (a) JAN 3 1946 (Date) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 2
year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-2-46
1945 to 1-2 1946

that I last saw him alive on 1-2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the bladder
Urinary

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) _____

Address Barnes Hospital Date signed 1-2-46

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 Ketter

Licensed Embalmer No.

3880

P. O. Address

Paris 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.