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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7225

FILED MAR 7 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1827

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community 21 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009

(c) City or town St. Louis 23 (If outside city or town limits, write "RURAL") 17

(d) Street No. 1614 S Third St (If rural, give location) 7

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

If yes, name country

3. (a) PRINT FULL NAME Melvin Beavers

3. (b) If veteran, name war

3. (c) Social Security No. 486-28-2529

4. Sex MALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JAN. (Month) 24 (Day) 1925 (Year)

8. AGE: Years 21 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation LABOR

11. Industry or business

FATHER
12. Name ELBERT BEAVERS
13. Birthplace Hot Spring (City, town, or county) ARKANSAS (State or foreign country)

MOTHER
14. Maiden name Hattie NELSON
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Hattie BEAVERS

(b) Address 1614 So. Third, St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/23/46 (Month) (Day) (Year)

(c) Place: burial or cremation St PETERS

18. (a) Signature of funeral director A. H. Bucks

(b) Address 1922 Chouteau

19. (a) FEB 25 1946 (Date received local registrar) (b) J. F. Bridack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1946 hour 12 minute 50 P M.

21. I hereby certify that I attended the deceased from 2-14, 1946, to 2-21, 1946; that I last saw him alive on 2-21-, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Banti's Disease; Cirrhosis of Liver — Duration Unk

Due to

Due to

Other conditions Unknown (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

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 O. J. Ayer (M. D. or other)

Address 2601 N Whittier Date signed 2/23/46

(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~~ Theodore T. Yandell, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Theodore T. Yandell

Licensed Embalmer No. 4243

P. O. Address 927 N. Elm Ave Webster Groves

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.