S. No. 2
M—2-43
5-17-39
I X35697

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

9797

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10885

State File No.

FILED MAR 30 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2743

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
City Isolation Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3/21/46 to 3/22/46 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town ST Louis, MO
(If outside city or town limits, write "RURAL")

(d) Street No. 2826 N Jefferson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James C Beauvais

3. (b) If veteran, name war

3. (c) Social Security No. 497-10-4490

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 6 (Day) 1880 (Year)

8. AGE: Years 66 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation Metal Polisher

11. Industry or business

FATHER
12. Name James
13. Birthplace MO. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ruth Calloway
15. Birthplace MO. (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Rocords
(b) Address 5800 Arsenal ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3- 25- 46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) MAR 23 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MMarch day 22
year 1946 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 21, 1946 to March 22, 1946
that I last saw him alive on March 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis ~~Myo~~

Due to Arteriosclerotic Cardio-vascular disease

Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 M. D. Bishop (M. D. or other) M.D.
Address Isolation Hosp Date signed 22 Mar 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

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.