

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2236
State File No. _____
Registrar's No. 1105

FILED FEB 10 1947 318
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(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:
St. Louis City Hospital, Max Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

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

4. Sex FE 5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: DEC 15 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace: MILLSTONE N.J.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name William BEARDSLEE
13. Birthplace _____ N.J.
(City, town, or county) (State or foreign country)
14. Maiden name KATHERINE BLACKWELL
15. Birthplace _____ N.J.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Albansen

(b) Address 3676 1/2 Wilmington Ave
17. (a) Burial (b) Date thereof FEB 13 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Bellevue Funeral Home
(b) Address 3612 Chippewa

19. (a) FEB 3 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Way
(c) City or town 3676A Wilmington 17
(If outside city or town limits, write "RURAL")
(d) Street No. ST. LOUIS 9
MEMORIAL (If rural, give location) 0
(e) Citizen of foreign country? = (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 31st
year 1947 hour 5:30 minute A M.
21. I hereby certify that I attended the deceased from 4-9-46
_____ 19 _____ to 1-31-47 19 _____
that I last saw h. er alive on 1-31-47 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death OH of return
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations None
Of autopsy Not Obtained
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) _____
(e) Means of injury _____
23. Signature Albansen (M. D. or other) _____
Address 1515 LAFAYETTE Date signed 1-31-47

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

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..... *Felix J. Krupin*

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 St. Louis*

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.