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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

10535

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3547

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Park Lane Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer J. Beaudoin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 1
year 1947 hour 7:30 minute _____ A. M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Julia B. Beaudoin

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 3 15 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 24 1947 to April 1 1947
that I last saw him alive on March April 1 1947
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>0</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death:
Peduncular Embolus 10 Minutes

Due to Cholecystitis and Appendicitis

Due to Cholecystitis & Appendicitis 10 days

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

10. Usual occupation Farmer

Other conditions: _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name J. A. Beaudoin

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

14. Maiden name Mary Teason

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

Major findings:
Of operations Cholecystitis Appendicitis

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Julia B. Beaudoin

(b) Address Steelville, Mo.

17. (a) burial (b) Date thereof 4/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem. Drehmann-Harral

18. (a) Signature of funeral director _____

(b) Address 1905 Union Blvd.

19. (a) APR 3 1947 J. F. Bredeck
(Date received local Registrar's signature) (Registrar's signature)

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 John Haynard (M. D. or other) _____
Address Metropolitan Hotel Date signed 4-2-47

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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.