

FILED MAY 14 1947

Registration District No. 318

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:
4928 Forest Park Blvd.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
32 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4928 Forest Park Blvd.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dee Dupler Beebe

3. (b) If veteran, name war No. 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Thomas R. Beebe 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Oct. 7 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Chas. Edward Dupler
13. Birthplace Equality, Ills.
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Lasater
15. Birthplace McLeansboro, Ills
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas R. Beebe
(b) Address 4928 Forest Park Blvd.,
removal (b) Date thereof 5-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rosehill Cem. Chicago, Ills.

18. (a) Signature of funeral director Alexander
(b) Address 6175 Delmar

19. (a) MAY 5 1947 (b) J. F. Brebeck
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1947 hour 3: minute 00 A. M.

21. I hereby certify that I attended the deceased from 26 Mar 1947 to 4 May 1947.
that I last saw her er alive on 3 May 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral vascular accident,
recurrent Duration 24 hours

Due to Arteriosclerosis with hypertension 10 years

Due to _____

Other conditions Generalized obesity
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN _____

Of autopsy None 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 work) _____ (Specify type of injury) _____

23. Signature J. F. Brebeck M.D. 5 May 47
Address 6175 Delmar Date signed _____

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

MOTHER FATHER

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 *E. Mc Culloch*
Licensed Embalmer No. *2460*
P. O. Address *6175 Pellmar*

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.