. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18590

FILED JUN 14 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5543

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: St. Louis City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Cole 999
(c) City or town: Mattoon (If outside city or town limits, write "RURAL") 11
(d) Street No.: NR (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME: Minnie Bean
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Grant Bean
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 6 (Day) 1863 (Year)

8. AGE: Years 84 | Months 2 | Days 27 | If less than one day hr. min.
9. Birthplace: (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Carl Behrand
FATHER 13. Birthplace: (City, town, or county) Germany (State or foreign country) 4
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: (City, town, or county) Unknown (State or foreign country) 4
16. (a) Informant: Logan Bean
(b) Address: 2545 Circle Dr.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mattoon, Ill.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) JUN 4 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3 year 1947 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(a) Coronary Thrombosis	
Due to: Fell to the floor at 3:23 p.m.	
Due to: Found on floor at 12:00 o'clock	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Of autopsy:

PHYSICIAN — Underline the cause of 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: March 23 1947
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home or farm, in industrial place, in public place? (Specify type of place)
While at work? (Specify) (c) Means of injury
23. Signature: Patrick E. Cunningham M.D.
Address: Dep. Coroner Date signed 6-4-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....J. Allen Davis Jr.

Licensed Embalmer No.....4053

P.O. Address.....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.