No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32315

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9105

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

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (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
(If outside city or town limits, write "RURAL")

(d) Street No. 1243 N 9th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Curtis Beauregard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Birdie Beauregard

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

7. Birth date of deceased January (Month) 13 (Day) 1892 (Year)

8. AGE: Years 55 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Shelby County (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name William Beauregard
13. Birthplace Redbank (City, town, or county) Miss. (State or foreign country)

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

16. (a) Informant Birdie Beauregard
(b) Address 1243 N. 9th., St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) SEP 30 1947 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 27 day 27 year 1947 hour 1 minute P M.

21. I hereby certify that I attended the deceased from Sept. 24 1947 to Sept. 27 1947 that I last saw him alive on Sept. 27 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Luetic Heart Disease	Undet.
Due to	
Due to	
Other conditions: Cerebral Thrombosis (Include pregnancy within 3 months of death)	Undet.

Major findings:
Of operations
Of autopsy None

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

(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 Oscar P Daniels (M. D. or other)
Address 2601 N Whittier Date signed 9/29/47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 498

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.