. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1947

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10034

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4200 Evans 9
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Branch Beans

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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

6. (b) Name of husband or wife Julia Beans

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

7. Birth date of deceased April (Month) 9 (Day) 1893 (Year)

8. AGE: Years 54 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Okolona, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Ellies Beans
13. Birthplace Miss.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Julia Beans
(b) Address 4200 Evans Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Herman Smith
(b) Address 4247 Labadie Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th year 1947 hour 1:05 minute 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 1. Subarachnoid hemorrhage of Brain 2. Intralobar hemorrhage left lung 3. Compound

Due to fracture left leg when struck by a automobile driven by Earl Lee

Due to Wade at the intersection of Whittier and Page around 6:17 P.M.

Other conditions October 25 1947. ACCIDENT
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 0
Of autopsy 2

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) accident

(b) Date of occurrence Oct. 25 1947 000

(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place
(Specify type of place)

While at work? (e) Means of injury Auto

23. Signature Patrick E. Lee (M.D. or other)

Address Dy Cor Date signed 10/30/47

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

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 Lawrence Edwardson

Licensed Embalmer No. 434

P. O. Address St Louis Mo.

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.