V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35497

FILED NOV 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10242

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

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution: 1545 So, 2nd, St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St, Louis 000

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

(d) Street No. 1545 So. 2nd. St. (If rural, give location) 9

23

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

If yes, name country

3. (a) PRINT FULL NAME Mary ~~Remon~~ BEEMON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) U (Day) (Year)

8. AGE: Years about 77 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Alabama (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Semial Peck

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER

14. Maiden name Sarah Broxton

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Hayward Bemon

(b) Address 15-23 S. 3rd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Andrew H. Burks

(b) Address 212 Carroll St

19. (a) NOV 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1947 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from 31st Oct 2, 1947 to 8 Nov 1947 that I last saw her alive on 31st Oct 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of cervix

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 1 yr

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 Wm Beaton (M. D. or other)

Address 2742 Franklin Date signed

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 Theodore F Yandell

Licensed Embalmer No. 4243

P. O. Address No 14 Waymire Rochester Grove Me

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.