S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40474

FILED NOV 29 1947
Registration District No. 7

Primary Registration District No. 6076

Registrar's No. 2438

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 84 Days (Specify whether years, months or days)
In this community: 1 wk

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Audrain
(c) City or town: Benton City
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: BEAHAN, Elmer Austin
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Flossie P. Beahan
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: July (Month) 10 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
50	4	15	hr. min.

9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Thomas Beahan
13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Sarah Hull
15. Birthplace: -- (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Registrar
(b) Address: V.A.H. Jeff. Brks. Mo.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 11-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mexico, Missouri
18. (a) Signature of funeral director: C. Hoffmeister U&L Co.
(b) Address: 7814 S. Bdwy. St. Louis, Mo.
19. (a) 11-28-47 (Date received local registrar) (b) Bernice [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25 year 1947 hour 8:55 minute A. M.
21. I hereby certify that I attended the deceased from Sept. 8, 1947, to November 25, 1947 that I last saw him alive on November 25, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: RHEUMATIC HEART DISEASE: AORTIC & MITRAL STENOSIS AND INSUFFICIENCY: CARDIAC ENLARGEMENT; ~~xxxx~~ MYOCARDIAL CHANGE; AURICULAR FIBRILLATION: MYOCARDIAL FAILURE	Unk
Due to: 92	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: No Autopsy performed

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): No
(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 place) Means of injury: 0
23. Signature: L. E. Stilwell, Clin. Dir. M. D. ~~xxxxxx~~
Address: VAH, Jeff. Brks. Mo. Date signed: 11/25/47

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7474 S. Broadway

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.