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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 15 1948

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH
1003

State File No. 20639
Registrar's No. 5999

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3642A Lafayette Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3642A Lafayette Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME Addie C. Beall
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, Widowed
6. (b) Name of husband or wife Robert L. Beall
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 8, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 26 hr. min.

9. Birthplace Bowling Green Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business

MOTHER FATHER
12. Name James C. Ware
13. Birthplace Bowling Green, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Francis McCormick
15. Birthplace Bowling Green, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carlotta Beall
(b) Address 5660 Kingsbury Blvd.
17. (a) Burial (b) Date thereof 7/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Paschedag-Henke
(b) Address 2825 N. Grand Blvd.
19. (a) JUL 6 1948 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 4th
year 1948 hour 5 minute 50 P.M.
21. I hereby certify that I attended the deceased from 5/19/48
....., 19....., to 7/4 1948
that I last saw h. alive on 7/4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Thrombosis 6 weeks
Due to Coronary artery Disease

Due to
Other conditions Senility of HF

Major findings:
Of operations none
Of autopsy none
PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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)
(e) Means of injury
23. Signature Priest C. Kell (M. D. Seal)
Address 3902 Lafayette Date signed 7/6/48

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

SEP 20 1950

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 Gustav W Reutele

Licensed Embalmer No. 4329

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.