

FILED AUG 23 1948
Registration District No. 1003

Primary Registration District No.

1003

Registrar's No. 2051

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:
St. Mary's Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 weeks
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT

FULL NAME Mary Lue Beard

3. (b) If veteran,

name war.....

no

3. (c) Social Security No.

none

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married,
 divorced widow
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased.....
 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace Greenwood, Mississippi
 (City, town, or county) (State or foreign country)10. Usual occupation Housework11. Industry or business Self12. Name Jonas Wilson13. Birthplace Greenwood, Mississippi
 (City, town, or county) (State or foreign country)14. Maiden name Mollie Sutton15. Birthplace Greenwood, Mississippi
 (City, town, or county) (State or foreign country)16: (a) Informant Jonas Wilson(b) Address 425 Papin St.17. (a) burial (b) Date thereof 8-11-48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation F. St. James Pk.18. (a) Signature of funeral director C. J. Nash(b) Address 3847 Page Blvd.19. (a) AUG 11 1948 (b) J. F. Bredek
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
 (c) City or town E. St. Louis
 (If outside city or town limits, write "RURAL")
316 North 3rd St.
 (d) Street No. (If rural, give location)
N.R.
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1948 hour 12:40 minute 921. I hereby certify that I attended the deceased from 8/7/48 to 8/7/48that I last saw him alive on 8/6/48 and that death occurred on the date and hour stated above.Immediate cause of death Broncho pneumonia Duration 4 daysDue to 61Due to 61Other conditions Prokterus luspides KnownMajor findings:
Of operations.....Of autopsy Broncho pneumonia 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 J. F. Bredek (M. D. or other)Address 421 Kansas Date signed 8/10/48

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 _____

D. J. Nash

Licensed Embalmer No. _____

2432

P. O. Address _____

3847 Page Road

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.