

BUREAU OF THE CENSUS  
FILED JAN 11 1949

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41265

State File No.

11362

Registration District No. 1519

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County SX. Louis (57)  
(b) City or town SX. Louis (57)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 hrs.  
(Specify whether years, months or days)  
In this community 2 1/2 hrs.

3. (a) PRINT FULL NAME Baby girl Beard  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased November 22 1948  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 2 hr. 30 min.

9. Birthplace SX. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name LeRoy Beard  
13. Birthplace SX. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Laverne Loreto O'Neill  
15. Birthplace SX. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant LeRoy Beard  
(b) Address 5301 Riverview Blvd.

17. (a) \_\_\_\_\_ (b) Date thereof DEC 31 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Roland Mortuary Service

(b) Address 4104 Marchessault Ave.

19. (a) DEC 31 1948 (b) J.B. Lisatch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0007  
(c) City or town SX. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5301 Riverview Blvd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22  
year 1948 hour 11 minute A.M.  
21. I hereby certify that I attended the deceased from 11-22  
1948 to 11-22 1948  
that I last saw h.e.r. alive on 11-22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature  
Duration 5 mo.?

Due to \_\_\_\_\_  
Due to 159  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Paigene J. Arnold (M. D. or other) MD  
Address 1449 Mc Laran Date signed 11/22/48

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

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**