

Registration District No. 318

Primary Registration District No. 1003

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

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: State Sanitarium
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 2 years
 In this community 40 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis (17)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7033 Dale Avenue
 (If rural, give location)
 (e) Citizen of foreign country? 4 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY BEAVE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
 year 1948 hour 6.20 minute A M.
 21. I hereby certify that I attended the deceased from Aug
4, 1947 to Dec. 15, 1948
 that I last saw her alive on Dec 15, 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
 Duration _____

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced S.
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 4 1865
 (Month) (Day) (Year)

Arteriosclerotic Heart Disease 8/4/47x

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>83</u> | <u>8</u> | <u>11</u> | hr. _____ min. _____ |

Due to _____
 Due to Broncho Pneumonia, terminal type 2 ds.

9. Birthplace St. Francis County, Mo. ✓
 (City, town, or county) (State or foreign country)
 10. Usual occupation Practical Nurse

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Peter Paul Beave
 13. Birthplace Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Lucinda Cantrell
 15. Birthplace Tenn. (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
93d

16. (a) Informant Laura Beave
 (b) Address 3415 Vista
 17. (a) burial (b) Date thereof 12-16-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Knob Lick Mo.
 18. (a) Signature of funeral director Alexander Sou
 (b) Address 6175 Delmar
 19. (a) DEC 15 1948 (b) J. B. Foster
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 Means of injury _____
 23. Signature Jack P. Delmar (M.-D. or other)
 Address 5400 Arsenal Date signed 12/15/48

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 *Jos. E. McCulloch*
Licensed Embalmer No. 2760
P. O. Address 6175 Palmar

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.