

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20756

State File No. 3777

FILED JUL 15 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1004 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis 91			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Jennings 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital 0		d. STREET ADDRESS (If rural, give location) 5316 Hamilton Ave. 1			
3. NAME OF DECEASED (Type or Print) Julia A. Beam			4. DATE OF DEATH (Month) (Day) (Year) 7 3 49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 3-6-1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chicago, Ills 1	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Karl Heilmann		13b. MOTHER'S MAIDEN NAME Katherine Block	
14. NAME OF HUSBAND OR WIFE late James T. Beam		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Harry C. Carroll, 5316 Hamilton Ave.,		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) Heart exhaustion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 191	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 422X	
22. I hereby certify that I attended the deceased from 7/1, 1949, to 7/3, 1949, that I last saw the deceased alive on 7/2, 1949, and that death occurred at 1:40 am., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) William O. Macovey M.D.		23b. ADDRESS 3625 Fair Ave		23c. DATE SIGNED 7/3/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/4/49		24c. NAME OF CEMETERY OR CREMATORY Parkview	
24d. LOCATION (City, town, or county) (State) Peoria, Illinois.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 4 1949 J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Nat'l Bridge Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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

FILE 8131  
McKoy & Ferguson  
- Dr. Schumacher  
3 0 2 PM

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed John A. Miller.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4186.....

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.