

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 38496  
10291

No. 300  
10-48

FILED DEC 14 1949

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (in this place) <u>50 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6169 Pershing</u>				d. STREET ADDRESS (If rural, give location) <u>6169 Pershing</u>					
3. NAME OF DECEASED (Type or Print) <u>GeLeslie</u>			a. (First)		b. (Middle) <u>EdwKing</u>		c. (Last) <u>Beaver</u>		
4. DATE OF DEATH		(Month) (Day) (Year)		5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
Nov. 28, 1949				F		W		Widow	
8. DATE OF BIRTH <u>Feb. 10, 1877</u>			9. AGE (In years last birthday) <u>72</u>			IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>		11. BIRTHPLACE (State or foreign country) <u>Scott Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George King</u>			13b. MOTHER'S MAIDEN NAME <u>Augusta E. Kratzipger</u>			14. NAME OF HUSBAND OR WIFE <u>George Edward Beaver</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertrand H. King</u>		ADDRESS <u>824 Goodfellow</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arterial to monophage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterial Hypertension</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>  <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21d. (STATE)			
						<u>16</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>HH4X</u>					
22. I hereby certify that I attended the deceased from <u>1/6</u> , 19 <u>42</u> , to <u>11/28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/26</u> , 19 <u>49</u> , and that death occurred at <u>10 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W.D. Simpson M.D.</u>				23b. ADDRESS <u>3833 Washington St. St. Louis</u>		23c. DATE SIGNED <u>11/29/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 2 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jonesboro Ill. Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Jonesboro Ill</u>			
DATE REC'D BY LOCAL BOARD <u>NOV 30 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander S. Smith</u>		ADDRESS <u>6175 Delmas</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Re Prof. Simpson  
3833 Washington  
J = 7207  
At 3:30 Tue

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**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.

Student .....  
Student Embalmer

Signed Joe E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pelmar

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.