

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5985**  
Registrar's No. **1809**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **12.03**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>3206 1/2 So GRAND BLVD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3206 1/2 So GRAND</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>WARREN</b> c. (Last) <b>BEEDLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 23 1950</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>FEB 20-1903</b>		9. AGE (In years last birthday) <b>47</b>		10. MONTHS <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BARRETT EQUIPMENT</b>		11. BIRTHPLACE (State or foreign country) <b>CHICAGO ILLINOIS</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>DR. HUBERT BEEDLE</b>		13b. MOTHER'S MAIDEN NAME <b>IDA PEISTERER</b>		14. NAME OF HUSBAND OR WIFE <b>ANGELA OLIVE BEEDLE</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO. <b>494-10-6117</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Angela Olive Beedle</b>	
				ADDRESS <b>3206 1/2 So Grand</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Lobar Pneumonia</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>490x</b>			20. AUTOPSY? YES <input checked="" 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) (STATE)	
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?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:00 A.M.**, from the causes and on the date stated above.

22a. SIGNATURE <b>Patrick E Taylor</b> (Degree or title)		22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>2-24-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>FEB 27-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cem Jefferson Park</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis MO</b>	
DATE REC'D BY LOCAL REG. <b>FEB 24 1950</b>		REGISTRAR'S SIGNATURE <b>Jr B Lassiter</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Wm J Robert L &amp; Co</b>		ADDRESS <b>1905 So Grand</b>	

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Allen Davis Jr*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4053*

P. O. Address *St Louis*

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.