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FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15246

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1009

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (In this place) <u>6 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>330 W LOCKWOOD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>DIXON</u> c. (Last) <u>BEARDSLEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 17 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH. <u>APR 3-1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNION ELECTRIC</u>	11. BIRTHPLACE (State or foreign country) <u>ST LOUIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>THEODORE BEARDSLEE</u>	13b. MOTHER'S MAIDEN NAME <u>HANNAH M DIXON</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCES BEARDSLEE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-09-1975</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frances B. Beardslee</u>
		ADDRESS

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auricular fibrillation</u>		<u>18 years</u>
	DUE TO (c) <u>Hemiplegia</u>		<u>6 weeks</u>
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 <u>CPH 433.1</u>	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)	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 _____, 1940, to Apr. 17, 1950, that I last saw the deceased alive on April 16, 1950, and that death occurred at 11 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Beardslee</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>19 E. Lockwood</u>	23c. DATE SIGNED <u>4/18/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>4-19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO. MO</u>
DATE REC'D BY LOCAL REG. <u>4-18-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Wombe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker and Co. Webster Groves Mo.</u>	

(Licensed Embellisher's Statement on Reverse Side)

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

MAY 4 1950

JUN 12 1957

JUL 24 1957

JUL 2 1957

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

Leslie Holch

Licensed Embalmer No.

4395

P. O. Address

Robster Groves 7

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.