

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32077

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>2253</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) <u>18</u> OR <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>18</u> OR <u>1</u> <u>Richmond Heights</u>		<u>4955</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Laymont Drive</u>				d. STREET ADDRESS (If rural, give location) <u>6 Laymont Drive</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma Caroline</u> b. (Middle) <u>Beasley</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7/17/77</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>		IF UNDER 24 HRS. Hours <u>3</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>Wallenberg</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline</u>		14. NAME OF HUSBAND OR WIFE <u>George M. Beasley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. A. Shabel, 6 Laymont Drive</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infarction Myocardium</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u> <u>150</u> <u>Aug 23-25</u> <u>years</u> <u>4207</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4207</u>				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) (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? <u>4207</u>			
22. I hereby certify that I attended the deceased from <u>April 30</u> , 19 <u>43</u> , to <u>9/20/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/20/50</u> , and that death occurred at <u>7:55 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Raymond Williams</u>			23b. ADDRESS <u>M. D. D. 114 North Taylor Ave.</u>			23c. DATE SIGNED <u>9/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/22/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Glendive</u>		24d. LOCATION (City, town, or county) (State) <u>Glendive, Mont.</u>	
DATE REC'D BY LOCAL REG. <u>9-22-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Danke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary, 6633 Clayton Rd.</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

William Davis

Licensed Embalmer No. 4053

P. O. Address _____

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.