

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32855

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 342

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (In this place) 65 MIN
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Missouri Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 6122 Dewey St.

3. NAME OF DECEASED
a. (First) Woodrow b. (Middle) Joseph c. (Last) Bey

4. DATE OF DEATH November 4, 1950

5. SEX Male 0
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH February 5, 1913

9. AGE (In years last birthday) 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction

10b. KIND OF BUSINESS OR INDUSTRY Homes

11. BIRTHPLACE (State or foreign country) Perry County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Emil Bey

13b. MOTHER'S MAIDEN NAME Hulda Duerr Bey

14. NAME OF HUSBAND OR WIFE Lucille Baumann Bey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 492-09-4580

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emil Bey, Perryville, Mo.

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) Fractured jaw, Atelectasis of left lung
Possible skull fracture, fracture of right tibia and fibula, internal injuries.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (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
68 1/2
26

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 115

20. AUTOPSY? YES NO

21a. ACCIDENT X 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) Cape Girardeau Cape Gir Mo.

21d. TIME OF INJURY (Month) (Day) (Year) 12:30 Nov. 4 50

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Automobile accident - ON VED.

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE E. P. Bricker, 3 (Degree or title) Coroner

23b. ADDRESS 4 South Pacific St., Cape Gir.

23c. DATE SIGNED Nov. 6, 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Nov. 6, 1950

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) Ste. Genevieve, Mo.

DATE REC'D BY LOCAL REG. 11-6-1950

REGISTRAR'S SIGNATURE C. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert Bey, Perryville, Mo.

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

164

JAN 23 1951

RECEIVED

NOV 13 1950

DISTRICT HEALTH OFFICE No. 1

File No.

JUN 23 1950

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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.....

working under my personal supervision.

Student Embalmer No.

Signed.....

Albert Bey

Signed.....
Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address *Ferrynville, 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.