

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38267
Registrar's No. 9475

REG. DIST. NO. 318

1003

BIRTH NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Ho p. STREET ADDRESS (If rural, give location) 4515 Lindell Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) Leslie b. (Middle) Weymouth c. (Last) Beers 4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 9, 1880 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 9 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Oct. 1949 10b. KIND OF BUSINESS OR INDUSTRY High School Teacher Wausau, Wis. 11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Wm. Warren Beers 13b. MOTHER'S MAIDEN NAME Lillian Adelaide Weymouth 14. NAME OF HUSBAND OR WIFE Lillian Grolton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Grolton Beers, 4515 Lindell Blvd.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease INTERVAL BETWEEN ONSET AND DEATH 1 year. 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? H H A X

22. I hereby certify that I attended the deceased from 12/20/49, 19__, to 11/5/50, 19__, that I last saw the deceased alive on 11/4/50, 19__, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE Robert M. Smith (Degree or title) 23b. ADDRESS 114 North Taylor Ave. 8 23c. DATE SIGNED 11/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/8/50 24c. NAME OF CEMETERY OR CREMATORY Valhalla 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. NOV 8 1950 REGISTRAR'S SIGNATURE J. B. Foster 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.

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 _____

Licensed Embalmer No. 1994

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.