

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15028

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 3068 Registrar's No. 990

1. PLACE OF DEATH a. COUNTY <u>Maplewood St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> COUNTY <u>St. Louis</u> MAPLEWOOD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>	<u>4534</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7209 Lyndover</u>		d. STREET ADDRESS (If rural, give location) <u>7209 Lyndover</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Laura</u>	b. (Middle) <u>V.</u>	c. (Last) <u>Beeler</u>	4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>16</u>	(Year) <u>1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 26, 1869</u>	9. AGE (In years last birthday)	<u>81</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>William S. Hawkins</u>	13b. MOTHER'S MAIDEN NAME <u>Agnes Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Conrad W. Beeler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Charles F. Beeler-Webster Groves, 950 Greeley-</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 years or more</u> <u>many years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> 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 <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from November 1846, to April 16, 1951, that I last saw the deceased alive on April 15, 1951, and that death occurred at 12:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>James B. Jones</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>337 W. Lockwood Webster Groves 19 Mo.</u>	23c. DATE SIGNED <u>April 16, 1951</u>
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24a. DATE <u>April 18, 1951</u>	24b. NAME OF CEMETERY OR CREMATORY <u>Sullivan, Mo.</u>	24c. LOCATION (City, town, or county) (State) <u>Sullivan Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/16/51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u> <u>7456 Manchester</u>
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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 Ronald O. Yahoke

Licensed Embalmer No. 3917

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.