

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38689
10739

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's 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 OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) _____		
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 904 O'Fallon Ave. 2119		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS 2601 N. Whittier Street		
3. NAME OF DECEASED (Type or Print) Birdie		a. (First)	b. (Middle)	c. (Last) Beauregard
4. DATE OF DEATH Nov. 30, 1951		5. SEX Female 3		
6. COLOR OR RACE Col-		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 1-7-1891
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Tom Gray		
13b. MOTHER'S MAIDEN NAME Little Mitchell		14. NAME OF HUSBAND OR WIFE Curtis Beauregard Dead		
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 Harry Beauregard ADDRESS 1004 O'Fallon St. Louis
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) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Undertermined		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) Prob. Metastatic Carcinoma?		Undetermined		
DUE TO (c) Undetermined				
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 <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? 1998
22. I hereby certify that I attended the deceased from Nov. 22, 1951 , to Nov. 30, 1951 , that I last saw the deceased alive on Nov. 30, 1951 , and that death occurred at 9:55P m. , from the causes and on the date stated above.				
23a. SIGNATURE C. H. Robinson M.D. (Degree or title)		23b. ADDRESS 2601 N. Whittier Street		23c. DATE SIGNED Dec. 1, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-4-1951		24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) (State) St. Louis County		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home ADDRESS 2820 Stoddard St. Louis		

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

Hutton E. Colkin

Licensed Embalmer No. *498*

P. O. Address *St. Louis 13, 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.