

FILED DEC 8 - 1951

STANDARD CERTIFICATE OF DEATH

State File No. 38692

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10728

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stone Nursing Home</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>5889 Easton Ave.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Hubert</b> b. (Middle) <b>B.</b> c. (Last) <b>Beedle</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 1, 1951</b>	
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Apr. 10 1872</b>
<b>9. AGE</b> (In years last birthday) <b>79</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Mins. _____		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Caseyville Ill.</b> <b>12. CITIZEN OF WHAT COUNTRY?</b> _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Physician Retired</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>13a. FATHER'S NAME</b> <b>Samuel Beedel</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ellen Bowles</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>		<b>16. SOCIAL SECURITY NO.</b> _____	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Horace G. Beedle - 2842 Gainsboro</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pneumonia</u> ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ± DUE TO (b) _____ DUE TO (c) _____	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>H93X</b>			
<b>22. I hereby certify that I attended the deceased from 10-28, 1951, to 12-1, 1951, that I last saw the deceased alive on 12-1, 1951, and that death occurred at 10a m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>M. K. Emilman M.D.</u>		<b>23b. ADDRESS</b> <b>3409 Union Blvd</b>	
		<b>23c. DATE SIGNED</b> <b>12-1-51</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Cremation</b>		<b>24b. DATE</b> <b>12/4/51</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Valhalla Crematory</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>DEC 3 1951</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Drehmann-Harral - 1905 Union Blvd.</b>	

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

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.