No. 300
10-48

4000

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

FILED MAY 3 - 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15137

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1117

**1. PLACE OF DEATH**
a. COUNTY: St. Louis (11 Yrs
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles Rd. Pattonville Mo
c. LENGTH OF STAY (in this place): N
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Charles Rd. Pattonville

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri COUNTY: St. Louis 4070 10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles Rd. Pattonville Mo.
d. STREET ADDRESS (If rural, give location): St. Charles Rd. Pattonville Mo

**3. NAME OF DECEASED** (Type or Print)
a. (First): Frank b. (Middle): Andrew c. (Last): Bewig

**4. DATE OF DEATH** (Month) (Day) (Year): 4) 27) 52

**5. SEX**: Male U
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Nov 30 1889
**9. AGE** (In years last birthday): 62 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Pressman
**10b. KIND OF BUSINESS OR INDUSTRY**: Printing
**11. BIRTHPLACE** (State or foreign country): St. Louis Mo. U
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: George Bewig
**13b. MOTHER'S MAIDEN NAME**: Regeni Ackerman
**14. NAME OF HUSBAND OR WIFE**: Leona Bewig

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: 494 03 4532
**17. INFORMANT'S SIGNATURE OR NAME**: Leona Bewig ADDRESS: Rt 1 Box 27 Robertson 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal multiple hemorrhage - 10hrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Multiple myeloma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Nephrosis

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 703X
**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1/21, 195_, *to* 4/26, 195_, *that I last saw the deceased alive on* 4/26, 195_, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Richard J. Weaver MD
**23b. ADDRESS**: 40 No Florissant Ferguson
**23c. DATE SIGNED**: 4/29/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4) 30) 52
**24c. NAME OF CEMETERY OR CREMATORY**: Mount Lebanon Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 4-29-52
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Collier's Funeral Home ADDRESS: 1023 St. Chas. Rd.
(Licensed Embalmer's Statement on Reverse Side)

## 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 Shelton Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas.

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.