

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21592**
Registrar's No. **133**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058**

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Charles, Missouri c. LENGTH OF STAY (in this place) 1 mo		c. CITY OR TOWN St. Ann's Village 4001	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 4201 McKibbin Road	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) L. c. (Last) Bean	4. DATE OF DEATH (Month) (Day) (Year) July 1, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH About 1867	9. AGE (In years last birthday) 85?	IF UNDER 1 YEAR Month _____ Days _____	IF UNDER 1 MIN. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never Employed		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William C. Bean	13b. MOTHER'S MAIDEN NAME Susan Johnson	14. NAME OF HUSBAND OR WIFE Nil
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No	16. SOCIAL SECURITY NO. N.I.	17. INFORMANT'S SIGNATURE OR NAME Drew Lutten Jr. ADDRESS 3720 Washington Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days 1 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronch pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Fractured leg hip		
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 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 400

22. I hereby certify that I attended the deceased from ~~1952~~ **1949**, to **July 1, 1952**, that I last saw the deceased alive on **July 1, 1952**, and that death occurred at **1:48 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul B. Tatterton M.D.	23b. ADDRESS St. Louis Co. 10300 St. Charles Rd (14)	23c. DATE SIGNED 7/3/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-3-52	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery St. Louis, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 7/2/52	REGISTRAR'S SIGNATURE Francis Havelle	25. FURNERAL DIRECTOR'S SIGNATURE Wagoner Mortuary ADDRESS 4911 Washington
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No. 300
10-48

723

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. W. M. Binkley

Licensed Embalmer No. 3053

P. O. Address St. Louis, 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.