

FILED JUL 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 51728
5908

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 township) OR TOWN 5000 South Broadway		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2159		
d. FULL NAME OF HOSPITAL OR INSTITUTION Geitner Home				d. STREET ADDRESS (If rural, give location) 15 5000 South Broadway				
3. NAME OF DECEASED (Type or Print) a. (First) HARRIETT		b. (Middle) EDNA		c. (Last) BEARD		4. DATE OF DEATH (Month) (Day) (Year) 6 22 52		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH May 2, 1873		
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 2 HRS. Mts.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) director of religious education			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) New Vienna, Ohio		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Amos B. Beard		13b. MOTHER'S MAIDEN NAME Rachel Ann Beard		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.R. LUPTON JR. 7233 DELMAR BLV.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis					9 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					several years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular							several years	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X				
22. I hereby certify that I attended the deceased from May 17, 1957 , to June 20, 1957 , that I last saw the deceased alive on June 20, 1957 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) P. J. Moskopf, M.D.				23b. ADDRESS 3554 Victor St. St. Louis 14		23c. DATE SIGNED 6/23/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 6/25/52		24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.		
DATE REC'D BY LOCAL REG. JUN 24 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons-7233 Delmar Blvd.				

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

4

JUL 31 1932

Dr. Peter H. ...
St. Louis
4 pm - leave city
1 month

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.