

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29241

State File No. _____

7793

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2121					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5305 Delmar Blvd.				d. STREET ADDRESS (If rural, give location) 5305 Delmar Blvd.					
3. NAME OF DECEASED (Type or Print) a. (First) Leslie			b. (Middle) R.		c. (Last) Beswick		4. DATE OF DEATH (Month) (Day) (Year) August 14, 1952.		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 17, 1901		9. AGE (in years last birthday) 50 # UNDER 1 YEAR Months # UNDER 1 YEAR Days # UNDER 1 MRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Erector			10b. KIND OF BUSINESS OR INDUSTRY Barry Wehmuller		11. BIRTHPLACE (City and State or Foreign Country) Lanaron Junction, Ky.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Beswick			13b. MOTHER'S MAIDEN NAME Fannie Johnson			14. NAME OF HUSBAND OR WIFE Mrs. Kathleen Beswick			
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. 497-09-5310		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kathleen Beswick, 5305 Delmar Blvd.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary sclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 57 Aug 19 12 4201				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 3:15P m., from the causes and on the date stated above.									
23a. SIGNATURE <i>Francis [Signature]</i>				(Degree or title) MO		23b. ADDRESS 4714 W. [Address]		23c. DATE SIGNED 8/16/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-18-1952		24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. AUG 18 1952				REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc, 2161 E. Fair Ave.			

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.....

W. W. Hart

Licensed Embalmer No.

23737

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.