

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32727

State File No. _____
 Registrar's No. **8820**

WED OCT 4 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1932

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

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 ST. LOUIS		c. LENGTH OF STAY (in this place) 40 Years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5936 DE GIVERVILLE		d. STREET ADDRESS (If rural, give location) 5936 De Giverville	
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) HAROLD c. (Last) BEDDOE		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 20, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 23/1882
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary Breese-Trenton Mining Co		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, Indiana
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Arthur Beddoe	
13b. MOTHER'S MAIDEN NAME Nellie Inglis		14. NAME OF HUSBAND OR WIFE Bernice Bonner Beddoe	
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. 494-03-5193	
17. INFORMANT'S SIGNATURE OR NAME Bernice B. Beddoe		ADDRESS 5936 DeGiverville	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 30 min.	
*This does not mean the mode of dying, such as heart failure, asphyxiation, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Chronic focal myocarditis	
DUE TO (c) Severe duodenal ulcer.		3 yrs +	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1947+	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from 12-2-49, 19 , to 10-25-50, 19 , that I last saw the deceased alive on 10-25-50, 19 , and that death occurred at 413A , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles W. Lupton, M.D.		23b. ADDRESS 864 Hamilton, St. Louis	
23c. DATE SIGNED 12-9-20-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-22-1952	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. SEP 22 1952		REGISTRAR'S SIGNATURE Charles W. Lupton	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS 7233 Delmar Blvd.	

Death reported to Coroner's office and Police
Investigation made this a.m. *Fuller,*
9-20-52

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *405-2*

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.