

FILED SEP 25 1952

STANDARD CERTIFICATE OF DEATH

32729 State File No. 1003 Registrar's No. 8276

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>St-Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1809 North 3rd St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucinda</u>		b. (Middle)		c. (Last) <u>Beeson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 11 1879</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Crawford County Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wm King</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stratton</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Beeson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>Lawrence Beeson R# 3 St Charles</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver</u>		MEDICAL CERTIFICATION <u>Primary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>8-28-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca. Liver enlargement</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>155X</u>	

22. I hereby certify that I attended the deceased from Jan 10, 1952, to 8-30, 1952, that I last saw the deceased alive on 8-29, 1952, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Clare B. Kane</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>706 Walton</u>		23c. DATE SIGNED <u>9-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 2 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Charles Mo</u>	

DATE REC'D BY LOCAL REG. <u>SEP 2 1952</u>		REGISTRAR'S SIGNATURE <u>Karl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hackman</u>		ADDRESS <u>Bauer St Charles</u>	
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(Licensed Embalmer's Statement on Reverse Side)

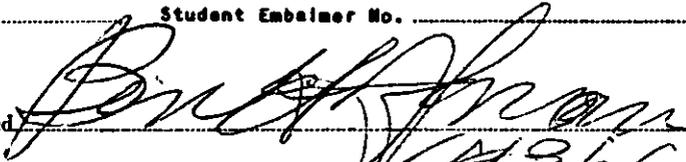
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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  _____

Licensed Embalmer No. _____

P. O. Address _____

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.