

REG-007 21 1952

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
 STANDARD CERTIFICATE OF DEATH

State File No. 36175
 Registrar's No. 9201

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>Sparta</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp</u> | | d. STREET ADDRESS (If rural, give location) <u>409 So. St. Louis Ave</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Mundy</u> c. (Last) <u>Beveridge</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 3 52</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>4-5-1888</u> |
| 9. AGE (In years last birthday) <u>64</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u> |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Edenborough, Scotland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Robert M. Beveridge</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Adams</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mrs Minnie Beveridge</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>unknown</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Beveridge, Sparta, Ill.</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pericardial Effusion</u> ANTECEDENT CAUSES <u>Plumal effusion</u> 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 | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH <u>few days</u> <u>few days</u> | |
| 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? <u>003.1</u> | |
| 22. I hereby certify that I attended the deceased from <u>9-22, 1952</u> to <u>10-3, 1952</u> that I last saw the deceased alive on <u>10-2, 1952</u> and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Dr. Boyd</u> | | 23b. ADDRESS <u>Mr Par hop</u> | |
| 23c. DATE SIGNED | | 24a. BURIAL, CREMATION, REMOVAL (Specify) | |
| 24b. DATE <u>10-3-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Sparta, Illinois</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> | |
| 25. ADDRESS <u>4700 Washington</u> | | DATE REC'D BY LOCAL REG. <u>OCT 4 1952</u> | |

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 W. Wilkinson

Licensed Embalmer No. 3575

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.