

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8220

FILED FEB 24 1953

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 547		Registrar's No. 532		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (in this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2059		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 5301 Page Blvd.				
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) Frances			c. (Last) Beahan		
4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 1953								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Feb. 24, 1862		
9. AGE (In years last birthday) 91		10. MONTHS Days		11. HOURS Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.								
13a. FATHER'S NAME John Beahan			13b. MOTHER'S MAIDEN NAME Anna Birmingham			14. NAME OF HUSBAND OR WIFE None		
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Spuehler, 4417 Mc. Pherson			
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 Thrombosis vena cava & common iliac causing gangrene both legs. ANTECEDENT CAUSES DUE TO (b) Gangrene of both lower extremities. DUE TO (c) Embolism. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 454X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No 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?				
22. I hereby certify that I attended the deceased from 9-29-52 to 2-12-53, that I last saw the deceased alive on 2-12-53, and that death occurred at 3:30 a.m., from the causes and on the date stated above.								
23a. SIGNATURE <i>[Signature]</i>				23b. ADDRESS 429 University Club Bldg St. Louis, Mo.		23c. DATE SIGNED 2-13-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-14-1953		24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. 2-13-53		REGISTRAR'S SIGNATURE Harriet R. Donohue - M. Pullinane		25. FUNERAL DIRECTOR'S SIGNATURE Bros. 3320 N Kingshighway				

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Fred Frick

Signed _____

Student Embalmer

Licensed Embalmer No. 3186

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.