

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11226

State File No. ....

FILED APR 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3344**

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2099</b>	
c. LENGTH OF STAY (in this place) <b>6 days</b>		d. STREET ADDRESS (If rural, give location) <b>4469a Clarence Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		9	
3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>H</b>	c. (Last) <b>Beimes</b>
4. DATE OF DEATH	(Month) (Day) (Year) <b>3 - 28 - 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6 - 5 - 1877</b>
9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office Manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Bemis Supply Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Frederick H. Beimes</b>		13b. MOTHER'S MAIDEN NAME <b>Anna C. Woerple</b>	
14. NAME OF HUSBAND OR WIFE <b>Edith C. Beimes</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edith C. Beimes</b>		ADDRESS <b>4469a Clarence</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Bladder.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremia</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>8 Mo.</b>		8 days.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Bladder.</b>		20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>181X</b>	
22. I hereby certify that I attended the deceased from <b>Dec. 1, 1952</b> , to <b>March 27, 1953</b> , that I last saw the deceased alive on <b>March 27, 1953</b> and that death occurred at <b>5:15 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Paul K. Webb M.D.</b>		23b. ADDRESS <b>721 Olive St. St. Louis Mo.</b>	
23c. DATE SIGNED <b>3-28-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/30/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>
DATE REC'D BY LOCAL REG. <b>MAR 30 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b>	
ADDRESS <b>1905 Union Blvd.</b>			

Dr. Paul Webb  
Chemical Bldg - 721 Olive  
2:30 - 6

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 Albert R. Thompson

Licensed Embalmer No. 2427

P. O. Address St. Louis

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.