

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15456

FILED APR 23 1953

State File No. ....

318

1003

Registrar's No. .... 3823

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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 town) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS 21 3146 Pine St		2219	
3. NAME OF DECEASED (Type or Print)		a. (First) Louie		b. (Middle) N	
		c. (Last) Beason		4. DATE OF DEATH (Month) (Day) (Year) April 10 1953	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 27, 1889		9. AGE (In years last birthday) 63		10. IF UNDER 28 YEARS Months 5 Days 10 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur & News Vender		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miami, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Beason		13b. MOTHER'S MAIDEN NAME Elizabeth Newsome	
		14. NAME OF HUSBAND OR WIFE Mildred Beason		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. 494-10-2407		17. INFORMANT'S SIGNATURE OR NAME Lester Beason		ADDRESS 1100 Brooklyn, K.C. Mo	
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) Cerebral Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH Undet.	
		ANTECEDENT CAUSES DUE TO (b) Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c) None			
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 334X	
22. I hereby certify that I attended the deceased from 3-19, 1953, to 4-10, 1953, that I last saw the deceased alive on 4-10, 1953, and that death occurred at 4:05 p. m., from the causes and on the date stated above.					
23a. SIGNATURE Edna E. Brookton M. D.		(Degree or title)		23b. ADDRESS 2601 N Whittier St.	
				23c. DATE SIGNED 4-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-14-53		24c. NAME OF CEMETERY OR CREMATORY Marshall Missouri	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE Wm. Smith		ADDRESS 4019 Washington	
DATE REC'D BY LOCAL REG. APR 14 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Smith	
				ADDRESS 4019 Washington	

(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. 4371

P. O. Address St. Louis, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.