

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26979

State File No. ....

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6497**

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. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>					
STREET ADDRESS (If rural, give location) <b>2635 Pine St</b>					
21					
3. NAME OF DECEASED (Type or Print) <b>Beatrice</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 27 1953</b>		
a. (First)			b. (Middle)		
c. (Last) <b>Vickers</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>May 12-1915</b>		9. AGE (In years last birthday) <b>38</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>New Port, Ark</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Fagen Dawson</b>		13b. MOTHER'S MAIDEN NAME <b>Dovie Shufort</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Harris Hughes</b>		ADDRESS <b>5146 Cates</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculous Meningitis</b>		DUPLICATE OF (b) <b>Miliary Tuberculosis</b>			Undet.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>				
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) <b>010X</b>	
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?	

22. I hereby certify that I attended the deceased from **6-25**, 19**53**, to **6-27**, 19**53**, that I last saw the deceased alive on **6-27**, 19**53**, and that death occurred at **10:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles H. Pierce, D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>6-29-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/1/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Port</b>	
24d. LOCATION (City, town, or county) (State) <b>ARK.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Undertaking Co.</b>		ADDRESS <b>2732 Pine.</b>	

25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Undertaking Co.</b>		ADDRESS <b>2732 Pine.</b>	
26. LOCAL REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		27. LOCAL REGISTRAR'S SIGNATURE <b>mjb</b>	
DATE REC'D BY LOCAL REG. <b>JUN 30 1953</b>		(Licensed Embalmer's Statement on Reverse Side)	

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

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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.....  
Signature of Student Embalmer

Signed *James A. Carter*.....  
Licensed Embalmer No. *4468*.....  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.