No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29772

FILED AUG 20 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7395

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EN ROUTE HOME P G PHILIPS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 2219
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS
d. STREET ADDRESS (If rural, give location): 2705 DICKSON ST

3. NAME OF DECEASED (Type or Print): a. (First) HUGERT b. (Middle) c. (Last) BEALS

4. DATE OF DEATH (Month) (Day) (Year): July 25 1953

5. SEX: MALE
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 6-1917
9. AGE (In years at last birthday): 36 — If under 1 year: Months 1 Days 19 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: FOUNDRY
11. BIRTHPLACE (City and State or Foreign Country): CANTON MISS
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: SYLVESTER BEALS
13b. MOTHER'S MAIDEN NAME: LIZZIE SMITH
14. NAME OF HUSBAND OR WIFE: Willie BEALS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War 2
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: ALNEDA BEALS — **ADDRESS**: CANTON MISS

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Penetrating Laceration of the right ventricle (heart), suffered when stabbed

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) with knife in hands of one Willie Beale,

DUE TO (c) (Col.) wife of deceased, in struggle in home at 2705 Dickson Street, about 2:10 P.M., July 25, 1953. JUSTIFIABLE HOMICIDE.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Justifiable Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis E982 X Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 25 1953 2:10 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Stabbed with Knife

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:10 P.M., from the causes and on the date stated above.*

23a. SIGNATURE: Patrick C Taylor (Degree or title) Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 7.30.53

24a. BURIAL, CREMATION, REMOVAL (Specify): Rail
24b. DATE: July-28-53
24c. NAME OF CEMETERY OR CREMATORY: Canton Cemetery
24d. LOCATION (City, town, or county) (State): CANTON MISS

DATE REC'D BY LOCAL REG.: JUL 30 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Howe Funeral Home — **ADDRESS**: 2930 DICKSON
(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.