

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32871**
Registrar's No. **9143**

318

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 32871		Registrar's No. 9143			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri			c. LENGTH OF STAY (in this place) 57 days		c. CITY OR TOWN St. Louis			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				e. STREET ADDRESS (If rural, give location) 5937 Lucille Ave.		2079 0					
3. NAME OF DECEASED (Type or Print)		a. (First) BRYAN		b. (Middle) _____		c. (Last) BEATTY		4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 19, 1953			
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 3, 1896		9. AGE (In years last birthday) 50			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Bel Tx Corp.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Leonard Beatty			13b. MOTHER'S MAIDEN NAME Evelyn Phillips			14. NAME OF HUSBAND OR WIFE Leona Beatty					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 1 489 05 5177		17. INFORMANT'S SIGNATURE OR NAME Leona Beatty 5937 Lucille							
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* (a) Encephalo Malacia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral aneurysm DUE TO (c) _____ 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 <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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X							
22. I hereby certify that I attended the deceased from 7-26-53 , 19____, to 9-19-53 , 19____, that I last saw the deceased alive on 9-19-53 , 19____, and that death occurred at 12:05P , from the causes and on the date stated above.											
23a. SIGNATURE H.S. Knotts, M.D. (Degree or title)				23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 9-21-53				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 22,		24c. NAME OF CEMETERY OR CREMATORY Memorial Park.		24d. LOCATION (City, town, or county) (State) St. Louis County					
DATE REC'D BY LOCAL REG. SEP 22 1953		REGISTRAR'S SIGNATURE H. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Koeller 5967 W. Florissant						

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.....
Signature of Student Embalmer

Signed *John J. Hansen*
Licensed Embalmer No. *4108*
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.