

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37461

State File No.

FILED OCT 23 1953

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

9616

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9616			
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		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 Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 4037 Finney					
3. NAME OF DECEASED (Type or Print) a. (First) Beecher b. (Middle) _____ c. (Last) Nearing			4. DATE OF DEATH (Month) (Day) (Year) 10 6 53						
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 25, 1893			
9. AGE (In years last birthday) 60		10. MONTHS 6		11. DAYS 11		12. IF UNDER 1 YEAR 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 _____		11. BIRTHPLACE (City and State or Foreign Country) Boliva, Tenn.			
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME James Nearing		13b. MOTHER'S MAIDEN NAME Harriett Anderson			
14. NAME OF HUSBAND OR WIFE _____				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. 493-05-5852				17. INFORMANT'S SIGNATURE OR NAME Ruth Todd ADDRESS 1039 Eureka Place					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 Undt. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION o				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) _____		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 9-22- , 1953 , to 10-6 , 1953 , that I last saw the deceased alive on 10-6 , 1953 , and that death occurred at 4:35 A.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. B. Williams, M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 10-6-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE Oct. 10, 1953		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. OCT 8 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. RANDLE & SON 3133 Bell Ave.					

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.....
S. J. Watson

Licensed Embalmer No. *2690*

P. O. Address *2769 Ave*

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.