

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41626

State File No.

FILED DEC 8 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3038

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olivette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olivette</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Meeks and Elmwood road</u>		d. STREET ADDRESS (If rural, give location) <u>Meeks and Elmwood Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) c. (Last) <u>Bevineau</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 18 53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-23-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>59</u> # UNDER 1 YEAR Months <u>1</u> DAY <u>0</u> IF UNDER 1 HR. Hours <u>0</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Belleville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Bevineau</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Simmons</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Iona Bevineau</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Bevineau,</u>		ADDRESS <u>t. Louis, Mo.</u>	
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 <u>Co heart lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>	
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) m.		21e. INJURY OCCURRED WHILE AT <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 <u>4-4</u> , 19 <u>52</u> , to <u>11-18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-14</u> , 19 <u>53</u> , and that death occurred at <u>9 30</u> m., <u>AM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Smith, M.D.</u> (Degree or title)		23b. ADDRESS <u>111 Jefferson Avenue Mo</u>	
23c. DATE SIGNED <u>11-19-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>11-19-53</u>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>11/23/53</u>		REGISTRAR'S SIGNATURE <u>Walter E. Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaerdner F.H.</u>		ADDRESS <u>Belleville, Ill.</u>	

1938

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 Ronald O. Yabuke

Licensed Embalmer No. 13917

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