

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44088

State File No. ....

11856

Registrar's No. ....

V. S. No. 300  
Rev. 10.48

FILED JAN 5 1954  
9-1643

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>East St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>		e. STREET ADDRESS (If rural, give location) <u>1208 Gaty</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beverly</u> b. (Middle) <u>Beverly</u> c. (Last) <u>Beverly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 26 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>--</u>	8. DATE OF BIRTH <u>November 22 1953</u>		9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR Months <u>6</u> IF UNDER 24 HRS. Days <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>--</u>		13a. FATHER'S NAME <u>Herbert Hoover Beverly</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Mc Kinley</u>	
14. NAME OF HUSBAND OR WIFE <u>--</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u>		16. SOCIAL SECURITY NO. <u>--</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Beverly</u>		18. ADDRESS <u>1208 Gaty E. St Louis Ill</u>		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-respiratory Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coarctation of Aorta</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
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	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>7545</u>		22. I hereby certify that I attended the deceased from <u>Nov 22, 1953</u> , to <u>Nov 26, 1953</u> , that I last saw the deceased alive on <u>Nov 26, 1953</u> , and that death occurred at <u>6:00A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Houpe MD.</u> (Degree or title)		23b. ADDRESS <u>630 S. Kings Highway</u>		23c. DATE SIGNED <u>8 Dec 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Earl Smith MD</u>		ADDRESS <u>Rowland 4104 Main Street</u>	
DATE REC'D BY LOCAL REG. <u>DEC 16 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>		(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.....

Licensed Embalmer No.....

P. O. Address .....

**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.**