

STANDARD CERTIFICATE OF DEATH

45211

FILED JAN 19 1954

State File No.

318

1003

Registrar's No. 12400

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				a. STATE Missouri b. COUNTY 2059			
c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips				d. STREET ADDRESS (If rural, give location) 5610 Enright Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
Reuben		O.		Beacham		4. DATE OF DEATH (Month) (Day) (Year) 12 25 53	
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 2 HRS.
M 2	Col	Married		4-3-1907	46	Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
Janitor				Missouri		Miss / U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
Henry Beacham		CARRIE FLOWERS		Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS			
War 2		357-10-9198		Lessie Talley 943 Cabanne Cts.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		New marriage into left pleural cavity by a stab wound left chest suffered when stabbed in the back in hands of house Geo. Baskin (col) during					
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS					
		specuffle in tavern at 940 Adams St. about					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
		603 pm Dec 25, 1953				Justifiable Homicide YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ANATOMICAL SITE OF INJURY		21b. PLACE OF INJURY (e.g., in or about home, store, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
Chest		Tavern		St. Louis			
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?			
Dec 25 53 6p				F982X			
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 645 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title)				23b. ADDRESS		23c. DATE SIGNED	
Joseph M. Quinn (M.D.)				1300 Clark		1/2/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
		1-4-54		National Cemetery		J. Kerson Barricks Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
JAN 2 1954		Carl Smith		M. G. Gussow 2930 Dickson St.			

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

JUL 24 1955

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 Leroy U. Bonmeister

Licensed Embalmer No. 4523

P. O. Address 3880 Eastern 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 this body is not embalmed, fact should be so stated above.