

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9880**  
2263  
Registrar's No. \_\_\_\_\_BIRTH NO. FILED MAR 19 1954 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |                                  |  |  |  |   |
|---|----------------------------------|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>2219</b> |  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>   |                                  | c. LENGTH OF STAY (In this place)<br>c. CITY OR TOWN <b>St. Louis</b>  |  | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Homer G. Phillips Hospital</b>  |                                  | e. STREET ADDRESS (If rural, give location) <b>1838a Division</b>  |  |  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Henry</b> b. (Middle) c. (Last) <b>Beacham</b>   |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>March 9, 1954</b> |  |   |
| 5. SEX <b>2</b><br><b>MALE</b>  | 6. COLOR OR RACE<br><b>NEGRO</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>   | 8. DATE OF BIRTH<br><b>12-10-1898</b>                      | 9. AGE (In years last birthday) <b>56</b>  | IF UNDER 1 YEAR Days<br>IF UNDER 1 YEAR Hours<br>IF UNDER 1 YEAR Min.               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>NIL</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>MISS.</b>  |   |
| 12. CITIZEN OF WHAT COUNTRY?  |                                  | 13a. FATHER'S NAME<br><b>HENRY BEACHAM</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>CARRIE FLOWERS</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>ESTELLA BEACHAM</b>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)                                 |  | 16. SOCIAL SECURITY NO.  |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>ESTELLA BEACHAM</b>   |                                  | 18. ADDRESS<br><b>2110 GRATIOT</b>   |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <b>Carcinoma of Esophagus, P.O. Esophogastrostomy</b>  |                                  |  |  |  |   |
| ANTECEDENT CAUSES   |                                  |  |  |  |   |
| Morbid conditions, if any, giving DUE TO (b) _____  |                                  |  |  |  |   |
| rise to the above cause (a) stating the underlying cause last.  |                                  |  |  |  |   |
| DUE TO (c) _____  |                                  |  |  |  |   |
| 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?<br>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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                   |  | 21f. HOW DID INJURY OCCUR?<br><b>150X</b>  |   |
| 22. I hereby certify that I attended the deceased from <b>Feb. 15, 1954</b> , to <b>Mar. 9, 1954</b> , that I last saw the deceased alive on <b>Mar. 9, 1954</b> , and that death occurred at <b>8:25a.m.</b> , from the causes and on the date stated above. |                                  |  |  |  |   |
| 23a. SIGNATURE<br><b>Earl Smith M.D.</b>  |                                  | (Degree or title)  |  | 23b. ADDRESS<br><b>2601 Whittier Street</b>  | 23c. DATE SIGNED<br><b>3-9-54</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>   |                                  | 24b. DATE<br><b>3-13-54</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>GREENWOOD</b>     |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b>          |
| DATE REC'D. BY LOCAL REG.<br><b>MAR 11 1954</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Earl Smith M.D.</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Bennie Lee</b>  |   |
|   |                                  |  |  | ADDRESS<br><b>3103 Washington</b>  |   |

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 *M. Claude Gordon*.....

Licensed Embalmer No. *348*.....

P. O. Address *4575 al*.....

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.