

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9881**  
Registrar's No. **2786**

**5514-54**  
FILED APR 2 1954

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 <b>Missouri</b> b. COUNTY <b>2187</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is 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>318 LaClede</b>		e. STREET ADDRESS (If rural, give location) <b>18 318 LaClede</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Janette</b> b. (Middle) <b>Marie</b> c. (Last) <b>Beal</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 25, 1954</b>	
5. SEX <b>F 3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>AN Babbar 0</b>	8. DATE OF BIRTH <b>Jan. 5, 1954</b>
9. AGE (In years last birthday) <b>2</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri 0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Percy Beal</b>	
13b. MOTHER'S MAIDEN NAME <b>Mazie Marshall</b>		14. NAME OF HUSBAND/OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mazie Beal</b>		ADDRESS <b>318 LaClede</b>	
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) <b>3-2nd degree burns of body area; Manoside of body area; Manoside of neck; suffered in fire of nude tub in bathroom of home at 3418 LaClede about 11:38 pm, on March 25, 1954</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>1954</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 25, 1954 12:38</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>E916.0</b>		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 <b>10:17 p.m.</b> , from the causes and on the date stated above. <b>16</b>	
23a. SIGNATURE <b>James M. Kelly, Deputy Coroner</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>3/27/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>March 29, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale</b>	
24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles Smith</b>	
DATE REC'D BY LOCAL REG. <b>MAR 27 1954</b>		ADDRESS <b>1221 N. Grand</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, *Gayton Swan*

Licensed Embalmer No. *45*

P. O. Address *1221 NY*

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.