

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

20197
State File No. 4578
Registrar's No.

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 6025a Dewey Ave. 16	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) -- c. (Last) Beye			4. DATE OF DEATH (Month) (Day) (Year) May 21, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 28, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Michael Kuehn	13b. MOTHER'S MAIDEN NAME Mary Lindeman	14. NAME OF HUSBAND OR WIFE Forrest C. Beye
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Russell Beye 6025a Dewey Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <i>Hypertension</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Fractured left hip</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

19a. DATE OF OPERATION 4-10-54	19b. MAJOR FINDINGS OF OPERATION <i>Fractured left hip pinned</i>	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.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY) STATE) St. Louis 4200 F. MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>5-9-54 10⁰⁰ a.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>slipped on kitchen floor</i>

22. I hereby certify that I attended the deceased from 4-8-1954, to 5-21-1954, that I last saw the deceased alive on 5-21-1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Joseph E. Carney M.D.</i>	23b. ADDRESS 906 Olive	23c. DATE SIGNED 5-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE May 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
		24d. LOCATION (City, town, or county) (State) St. Louis Co. MO.

DATE REC'D BY LOCAL REG. MAY 22 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. Stock 2117 E. Grand Ave.
--------------------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. von Carney,
Frisco Bldg.
9:45 to 10 am.

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 *G. W. Wilkinson*.....

Licensed Embalmer No. *357*.....

P. O. Address *H. Lane*.....

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.