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Reg. 3438

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31624

State File No. ....

BIRTH NO. FILED SEP 21 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8494

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 6, MISSOURI		c. CITY OR TOWN BUTLER	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 7 Days		e. STREET ADDRESS (If rural, give location) ROUTE #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION VAH 915 North Grand Ave.		81204	

3. NAME OF DECEASED (Type or Print) LEON F. BEELER			4. DATE OF DEATH (Month) (Day) (Year) 9/15/54	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/7/96	9. AGE (In years last birthday) 58 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Road Construction	11. BIRTHPLACE (City and State or Foreign Country) Nokomis, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph G. Beeler	13b. MOTHER'S MAIDEN NAME Johanna Moroney	14. NAME OF HUSBAND OR WIFE Greta Beeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1	16. SOCIAL SECURITY NO. 325-18-3332	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION CARDIAC ARRHYTHMIA		INTERVAL BETWEEN ONSET AND DEATH 15 HOURS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		UNKNOWN
	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 9-9-54	19b. MAJOR FINDINGS OF OPERATION POSTERIOR PENETRATING DUODENAL ULCER	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) V.A.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5411

22. I hereby certify that I attended the deceased from 9/8, 1954, to 9/15, 1954, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. Ankenbrandt M.D.	23b. ADDRESS VAH, St. Louis 6, Missouri	23c. DATE SIGNED 9-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-16-54	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Hillsboro, Illinois,
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DATE REC'D BY LOCAL REGISTRY SEP 16 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.
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(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 *Elmer R. Palmer*.....

Licensed Embalmer No. 40.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.