

FILED AUG 2-1955

STANDARD CERTIFICATE OF DEATH

State File No. 5789

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5789

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 township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Deceased within limits of a city incorporating laws? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (In this place) 30 years		e. STREET ADDRESS (If rural, give location) 19 4218 Enright Avenue 21970	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4218 Enright Avenue			

3. NAME OF DECEASED (Type or Print) a. (First) Alcide b. (Middle) F. c. (Last) Bemiss			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1955		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1886	9. AGE (In years last birthday) 68	10. IF MARRIED: TIME (Months) Days	11. IF MARRIED: SEX (Males) (Females)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Waiter	10b. KIND OF BUSINESS OR INDUSTRY M & O R. R.	11. BIRTHPLACE (City and State or Foreign Country) Baton Rouge, Louisiana	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME John B. Bemiss	13b. MOTHER'S MAIDEN NAME Lydia B. Lucas	14. NAME OF HUSBAND OR WIFE Leneve Bemiss
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME John Bemiss, 5036 Northland	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from 4-28, 1954, to 6-30, 1954, that I last saw the deceased alive on 6-30, 1954, and that death occurred at 5 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)razier D. Alexander	23b. ADDRESS 826 N. Channing	23c. DATE SIGNED 8-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-6-55	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE RECD BY LOCAL REG. JUL 6 1955	REGISTRAR'S SIGNATURE Charles J. Gates	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Avenue	ADDRESS
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Handwritten signature: mjb.

(Licensed Embalmer's Statement on Reverse Side)

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 *Arthur L. Heilbard*

Licensed Embalmer No. *428*
P. O. Address *4107 7th*

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.