

FILED MAY 25 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17553**

318

1003

4307

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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. LENGTH OF STAY (in this place) Yrs		c. CITY OR TOWN St. Louis Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5501 Chamberlain				e. STREET ADDRESS (If rural, give location) 5501 Chamberlain Ave.			
3. NAME OF DECEASED a. (First) Rose		b. (Middle) N.		c. (Last) Beeman		4. DATE OF DEATH (Month) (Day) (Year) May 1, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married	8. DATE OF BIRTH Oct. 9 - 1912		9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 6 Days 22	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietician		10b. KIND OF BUSINESS OR INDUSTRY Principia College		11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co., Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Selene C. Beeman		13b. MOTHER'S MAIDEN NAME Anna Walters		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 239-22-3216		17. INFORMANT'S SIGNATURE OR NAME ADDRESS David Andrews 5501 Chamberlain 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage with apoplexy right side of Body. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arterial Sclerosis DUE TO (c) acute (viral) upper respiratory infection				INTERVAL BETWEEN ONSET AND DEATH 3 days 5 years 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation		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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 29, 1956 , to May 1, 1956 , that I last saw the deceased alive on April 29, 1956 , and that death occurred at 4:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE J. W. Norton				23b. ADDRESS M. D. 634 No. Grand Blvd - St. Louis		23c. DATE SIGNED 5-2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE May 2 1956		24c. NAME OF CEMETERY OR CREMATORY Burlington Iowa Cemetery		24d. LOCATION (City, town, or village) (State) Burlington Iowa	
DATE REC'D BY LOCAL REG. MAY 2 1956		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton and Sons 7233 Delmar Blv'd. University City 5, Mo.			

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

E. J. 211.
Signed..... *Clarence H. Miller*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.