

FILED JUN 7 1956

STANDARD CERTIFICATE OF DEATH

17571
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5003

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.		Length of stay in lb		25 th STREET ADDRESS 112 S. 4th St. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST JOHN BEYL		4. DATE OF DEATH Month Day Year MAY 23, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 18-1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	
13. FATHER'S NAME Henry Beyl		14. MOTHER'S MAIDEN NAME Ophelia unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mr. Krobot 2331 Mullanphy St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral artery thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		332x			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5/18/56 to 5/23/56 and last saw her/him alive on 5/23/56 Death occurred at 9:06 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. E. Bayl (Degree or title)		22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 5/23/56.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-24-1956		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24. FUNERAL DIRECTOR Cullen-Kelly		ADDRESS 7267 Natural Bridge		25. DATE RECD. BY LOCAL REG. MAY 24 1956	
				26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

S.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH

DATE

TIME

NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

DATE

TIME

NO.

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.