

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40026

State File No.

FILED NOV 26 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2648

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) Clayton

c. CITY OR TOWN Webster Groves d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) 2 days

e. STREET ADDRESS (If rural, give location) 902 No. Elm

3. NAME OF DECEASED a. (First) Pearl b. (Middle) _____ c. (Last) Rogers 4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 56

5. SEX F 6. COLOR OR RACE C

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Sept 6, 1922

9. AGE (in years last birthday) 34 IF UNDER 1 YEAR Months 2 Days 1 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At home

11. BIRTHPLACE (City and State or Foreign Country) Alton, Ill

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sylvester Beasley

13b. MOTHER'S MAIDEN NAME Unk.

14. NAME OF HUSBAND OR WIFE Divorced

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. H90-32-6168

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Earl Beasley - 902 N. Elm

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLISM
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1) PLACENTA PREVIA MARGINALIS
2) POST PARTUM HEMORRHAGE
3) INDUCTION OF LABOR.

INTERVAL BETWEEN ONSET AND DEATH 20 min.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 6706

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 11-5, 1956, to 11-7, 1956, that I last saw the deceased alive on 11-7, 1956, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS 601 So. Brentwood

23c. DATE SIGNED 11-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-12-56

24c. NAME OF CEMETERY OR CREMATORY Father Dickson

24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.

DATE REC'D BY LOCAL REG. 11-8-56 REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.B. Koone - 1221 N. Grand.

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.....

Licensed Embalmer No. 4701

P. O. Address 122 N. E. 1st

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.