

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44171

State File No.

FILED DEC 20 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2787

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Hellville	
c. LENGTH OF STAY (If in place) D.O.A.		d. STREET ADDRESS (If rural, give location) Hosp. 101 Catskill Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. Louis County			

3. NAME OF DECEASED (Type or Print) Walter R. Beshears			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 56		
a. (First)	b. (Middle)		c. (Last)		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 22 1889		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Helper		10b. KIND OF BUSINESS OR INDUSTRY Electrial Worker		11. BIRTHPLACE (City and State or Foreign Country) ✓ Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Tom Beshears		13b. MOTHER'S MAIDEN NAME Mary Shotrow		14. NAME OF HUSBAND OR WIFE Ruth	
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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. 497-05-2684		17. INFORMANT'S SIGNATURE OR NAME Charles Beshears		ADDRESS 3208 Harper	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple injuries, hemorrhage and shock				INTERVAL BETWEEN ONSET AND DEATH	
		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. 8164					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) rural St. Louis Mo.	
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 25, 1956 4:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Passenger in car which collided with another car on Lindbergh Blvd. near Page	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE Arnold J. Hillman (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 11/29/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 28 -56		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri	
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DATE REC'D BY LOCAL REG. 11-27-56		REGISTRAR'S SIGNATURE Herbert R. Tomke		25. FUNERAL DIRECTOR'S SIGNATURE Miceli & Sons		ADDRESS 1150 N. Kingshighway	
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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
Student Embalmer

Signed

Anthony J. Mucchi

Licensed Embalmer No. 4277

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 this body is not embalmed, fact should be so stated above.