

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14464

FILED MAY 6 - 1957

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **3711**

Health,
Welfare
Public
Service

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		c. CITY OR TOWN Bevely 0500 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 04 BARNES HOSPITAL		d. STREET ADDRESS RR #1 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MINNIE Middle NMN Last BENDER		4. DATE OF DEATH Month APRIL Day 16 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 4 1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) House Wife	10. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTH PLACE (City and state of country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ray Beys		14. MOTHER'S MAIDEN NAME Minnie Lohig	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war and date of service)		16. SOCIAL SECURITY NO. 90	17. INFORMANT Jacob Beys Address RR1 Bevely Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) THROMBOSIS OF LEFT ILIAC ARTERY DUE TO (b) CEREBRAL VASCULAR ACCIDENT DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 36 HRS. 1 MO. YRS.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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.) 420.0	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
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 APRIL 15, 1957 to APRIL 16, 1957 and last saw her/him alive on APR. 16, 1957 Death occurred at 3:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. L. Vermillion, M.D. (Degree or title)		22b. ADDRESS BARNES HOSPITAL	
		22c. DATE SIGNED 4/17/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. PLACE OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removed	4/19/57	St Pauls Ch. Yd	St. Louis Co Mo
24. FUNERAL DIRECTOR J. P. Fender ADDRESS 7129 Michigan		25. DATE RECD. BY LOCAL REG. APR 18 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith MD

8031

819

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 Clarence Pichow

Licensed Embalmer No. 309

P. O. Address 714 1/2 Mich

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.