. Health,
& Welfare
. Public
h Service

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. 1-57

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 33219

Registration District No. 318 Primary Registration District 1003 Registrar's No. 8987

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MO. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. LOUIS CITY HOSP. #1. Length of stay in 1b 25

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 223 708a Ann Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: MARTHA L. Middle: (Mattie) Last: BELLER

4. DATE OF DEATH Month: SEPT. Day: 23, Year: 1957

5. SEX female

6. COLOR OR RACE white

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Mar. 14, 1876

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and state or country) Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unk. Smith

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Wm. J. Beller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. unk

17. INFORMANT Wm. J. Beller Address 708a Ann, St. Louis, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BASILAR A. THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 332x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 9/19/57, to 9/23/57 and last saw her/him alive on 9/23/57
Death occurred at 12:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. M. Wadsley M.D. (Degree or title)

22b. ADDRESS 1515 LAFAYETTE AVE.

22c. DATE SIGNED 9/23/57.

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 9-25-57

23c. NAME OF CEMETERY OR CREMATORY Parklawn Cem.

23d. LOCATION (City, town, or county) (State) Lemay 23, Mo.

24. FUNERAL DIRECTOR Southern Funeral Home **ADDRESS** 6322 S. Grand, St. Louis, Mo.
(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG. SEP 26 '57

26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

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 ..... Signed David Van Fossan

Signature of Student Embalmer

Licensed Embalmer No. 4242

P. O. Address St Louis Mo

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.