

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45598**  
**12127**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY OR TOWN **St. Louis, Missouri** c. LENGTH OF STAY (in this place) **14 hrs**  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Children's Hospital** e. STREET ADDRESS (If rural, give location) **857 East Prairie**

3. NAME OF DECEASED a. (First) **Martin** b. (Middle) **Wayne** c. (Last) **Beatman** 4. DATE OF DEATH (Month) (Day) (Year) **12 17 57**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) \_\_\_\_\_ 8. DATE OF BIRTH **6-16-57** ✓ 9. AGE (In years last birthday) **6** IF UNDER 1 YEAR Months **6** Days **11** 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 Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **George Dale Beatman** 13b. MOTHER'S MAIDEN NAME **Joyce Bloemer** 14. NAME OF HUSBAND OR WIFE **Single**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **George D. Beatman** ADDRESS **857 E. Prairie Ave**  
**Albee, Memphis, Tenn., 500 S. River Highway**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Bacterial Meningitis** INTERVAL BETWEEN ONSET AND DEATH **4-6 hrs**

\*This does not mean the mode of death such as heart failure, etc. It means the disease, injury or condition which caused death. II. OTHER SIGNIFICANT CONDITIONS **340.3**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 **12-16**, 19**57**, to **12-17**, 19**57**, that I last saw the deceased alive on **12-17**, 19**57**, and that death occurred at **5:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Don L. Thurston** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **Childrens Hospital** 23c. DATE SIGNED **12-17-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Dec 19 1957** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

DATE REC'D BY LOCAL REG. **DEC 17 57** REGISTRAR'S SIGNATURE **Paul Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Math Hernam & Son, Inc.** ADDRESS **2161 E. Fair A**

**mxc.** (Licensed Embalmer's Statement on Reverse Side)

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 *Chas W. Day*.....

Licensed Embalmer No. *3737*.....

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.**