

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007000

STATE FILE NUMBER  
1802

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

300

1-57

|   |                                 |   |  |
|---|---------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                 | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY                              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |                                 | c. CITY OR TOWN <b>St. Louis</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>   |                                 | d. STREET ADDRESS (If outside, give location)<br><b>2190 2818 Dayton Street</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Will</b> Middle <b>Beauregard</b> Last <b>Beauregard</b>  |                                 | 4. DATE OF DEATH<br>Month <b>2</b> Day <b>12</b> Year <b>58</b>   |  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>Colored</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>7-23-1900</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>   |                                 | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Mississippi</b>                   |
| 13a. FATHER'S NAME<br><b>Abe Beauregard</b>   |                                 | 13b. MOTHER'S MAIDEN NAME<br><b>Georgia Thompson</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Arby Beauregard</b>                              |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                 | 16. SOCIAL SECURITY NO.<br><b>491-12-8121</b>   | 17. INFORMANT Address<br><b>Arby Beauregard 2818 Dayton Street</b>                 |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cirrhosis of Liver</b><br><b>Laennec's Cirrhosis</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>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<br><b>581-1</b>                                   |
| 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.)  |  |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____   |                                 | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                 | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |  |
| 21. I attended the deceased from _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____<br>Death occurred at <b>740 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                 |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Sept. M. Quinn</b>   |                                 | 22b. ADDRESS<br><b>1300 Clark</b>   | 22c. DATE SIGNED<br><b>2/15/58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>2-17-58</b>     | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Ellis Funeral Home, Inc. 2820 Stoddard</b>   |                                 | 25. DATE RECD. BY LOCAL REG.<br><b>FEB 15 58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>J. Earl Smith md</b><br><i>acm</i>                 |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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

*Fuller E. Coulter*

Licensed Embalmer No. *4198*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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