

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007003

STATE FILE NUMBER

1591

FILED FEB 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

| | | | | | |
|---|---------------------------|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY | | | |
| b. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DeSloger Hospital</i> | | Length of stay in lb <i>10 days</i> | | d. STREET ADDRESS (If outside, give location) <i>4325 Gibson</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>Mary Julia Beezley</i> | | | 4. DATE OF DEATH Month Day Year <i>2/8/58</i> | | |
| 5. SEX <i>F</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>12/22/1889</i> | 9. AGE (In years at birthday) <i>68</i> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i> | |
| 13a. FATHER'S NAME <i>Thomas Marshall</i> | | 13b. MOTHER'S MAIDEN NAME <i>Bridget Brown</i> | | 14. NAME OF HUSBAND OR WIFE <i>Joel E.</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i> | | 16. SOCIAL SECURITY NO. <i>496-22-75</i> | | 17. INFORMANT Address <i>Mr. J. E. Beezley 4325 Gibson</i> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chr. Myelogenous Leukemia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <i>204.1</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <i>June 1950</i> <i>lung</i> | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 <i>1947</i> to <i>2-8-58</i> and last saw her alive on <i>2-6-58</i> Death occurred at <i>9:10 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Raymond T. Martin, MD</i> | | | 22b. ADDRESS <i>5203 Chippewa</i> | | 22c. DATE SIGNED <i>2-10-58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <i>2/12/58</i> | | 23c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i> | |
| | | | | 23d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i> | |
| 24. FUNERAL DIRECTOR ADDRESS <i>Jos. A. Howard 1619 So. Grand</i> | | | 25. DATE RECD. BY LOCAL REG. <i>FEB 11 '58</i> | | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>S.P.</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 with 28 listed. All diseases in Part I must be causally related.

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1-57

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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 *Laurence O. Geelan*

Licensed Embalmer No. *4979*
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.