

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011911  
State File No. ....

FILED APR 9 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3732**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

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

b. CITY (If outside corporate limits, write RURAL and give township)  
OR **St. Louis**

c. LENGTH OF STAY (In this place)  
**1 mo.**

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  
**26 St. Louis Chronic Hosp.**

e. STREET ADDRESS (If rural, give location)  
**239 2122 S. 8th**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Catherine** b. (Middle) **J.** c. (Last) **Laws**

4. DATE OF DEATH (Month) (Day) (Year)  
**4 2 1958**

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**widow**

8. DATE OF BIRTH **MAR. 24 1879**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country)  
**Tenn.**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME  
**Mack ?**

13b. MOTHER'S MAIDEN NAME  
**Mary ?**

14. NAME OF HUSBAND OR WIFE  
**unk.**

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

16. SOCIAL SECURITY NO.  
**NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Mr. Trentis C. Laws 4723 Greer Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Acute + Chronic Oryelonephritis**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) **600.0**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Rt. Aneurysm in two places**  
INTERVAL BETWEEN ONSET AND DEATH  
**3 days plus.**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? **2**  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, 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 **3-6-58**, 19\_\_\_\_, to **4-2-58**, 19\_\_\_\_, that I last saw the deceased alive on **4-2-58**, 19\_\_\_\_, and that death occurred at **10:00am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**John W. Beckham M.D.**

23b. ADDRESS  
**5800 Arsenal St.**

23c. DATE SIGNED  
**4/2/58**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal.**

24b. DATE  
**4/4/58**

24c. NAME OF CEMETERY OR CREMATORY  
**Memorial Park Cemetery, St. Louis County Mo.**

DATE REC'D BY LOCAL REG.  
**APR 3 58**

REGISTRAR'S SIGNATURE  
**John Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Calvin F. Feutz Funeral Home 4828 Natural Bridge Blvd. St. Louis Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *John A. Minna*.....

Licensed Embalmer No. *4186*.....

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.