

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016576

STATE FILE NUMBER 3359

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)			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Saint Louis Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				a. STATE Missouri		b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION De Paul Hospital 5 Years				c. CITY OR TOWN Jennings 4138		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 2398 Switzer Avenue				d. STREET ADDRESS 2398 Switzer Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First MIDDLE Last BEVERLY MAXINE WAGENER				Month Day Year March 21st, 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 19th, 1925	
9. AGE (In years last birthday) 32		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) Housework				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Corpus Christi, Texas	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME John Albert Bloxom				14. MOTHER'S MAIDEN NAME Doris Grimm			
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. Unknown		17. INFORMANT Address Richard G. Wagener, 2398 Switzer Avenue	
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>Fracture of Skull</i> <i>Epidural Hematoma</i> DUE TO (b) <i>Epidural Hematoma</i> DUE TO (c) <i>E9040 21</i>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Suffered when deceased fell</i>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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 when fit) <i>Deceased in home striking head against chest of drawers on March 21, 1958 about 200am.</i>					
20c. TIME OF INJURY Hour a. m. 200 Month, Day, Year 3 21 58		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.) 27 North		20f. CITY, TOWN, OR LOCATION Jennings 138 COUNTY Mo STATE	
21. I attended the deceased from 439 A on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 439 A on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>James M. Seely Colonel</i>				22b. ADDRESS 3 / 300 Clark		22c. DATE SIGNED 3-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 3/24/58		23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		23d. LOCATION (City, town, or county) (State) Collinsville, Illinois.	
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis 15, Mo. FEDERAL HOME, INC., St. Louis 15, Mo.				25. DATE RECD. BY LOCAL REG. MAR 24 '58		26. REGISTRAR'S SIGNATURE <i>Paul Smith Mo</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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: *Ralph L. Findeus*

Licensed Embalmer No. *42*

P. O. Address *El Paso*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.