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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-023107
STATE FILE NUMBER

FILED JUN 27 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6210

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) ST.LOUIS,MO. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST.LOUIS CITY HOSP.#1. Length of stay in 1b 25
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St.Louis Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1947 Congress Ave. Reside on Farm Yes ☐ No ☐
23 70

3. NAME OF DECEASED (Type or print) First JAMES Middle S. Last BEEMAN
4. DATE OF DEATH Month JUNE Day 16, Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐
8. DATE OF BIRTH Dec.14,1879
9. AGE (In years last birthday) 78 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (City and state or country) Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Beeman
13b. MOTHER'S MAIDEN NAME Jane Dennis
14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Charles Beeman Address 1947 Congress Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PULMONARY EMPHYSEMA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) WITH ACUTE AND CHRONIC
DUE TO (c) BRONCHITIS 5020
INTERVAL BETWEEN ONSET AND DEATH 20+ YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5/20/58, to 6/16/58 and last saw her/him alive on 6/16/58
Death occurred at 2:59 p.m m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. W. Biermeister, M.D.
22b. ADDRESS 1515 LAFAYETTE AVE.
22c. DATE SIGNED 6/16/58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 6-18-58
23c. NAME OF CEMETERY OR CREMATORY Crossroads Cemetery
23d. LOCATION (City, town, or county) (State) Flat River, Missouri

24. FUNERAL DIRECTOR Caldwell Funeral Home ADDRESS Flat River, Mo.
25. DATE RECD. BY LOCAL REG. JUN 18 '58
26. REGISTRAR'S SIGNATURE Carl Smith MD
M83

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed V E Morris
Signature of Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis, M

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.