

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023939
STATE FILE NUMBER

FILED JUL 11 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1622

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1-57
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1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Creve Coeur 4000</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. L. County Hosp.</u>		Length of stay in 1b <u>2 Hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>Marine Ave., R#2</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Beverly Jean Driscoll</u>			4. DATE OF DEATH Month Day Year <u>June 14, 1958</u>		
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5. SEX <u>Female /</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 24, 1953</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>St. Charles, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Eugene B. Driscoll</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Webster</u>	14. NAME OF HUSBAND OR WIFE <u>- - - - -</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Eugene B. Driscoll, Creve Coeur, Mo.</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Phenol poisoning</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____ <u>883.0</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>14</u>		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 of item 18.) <u>Apparently by consumption of C-N Disinfectant, -</u>
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20c. TIME OF INJURY Hour Month, Day, Year <u>Unknown a.m. 6/13/58</u> <u>p.m. 6/14/58</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	20e. CITY, TOWN, OR LOCATION <u>Creve Coeur</u> COUNTY <u>St. Louis</u> STATE <u>Mo.</u>
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION <u>Creve Coeur</u> COUNTY <u>St. Louis</u> STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 4:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Raymond J. Davis</u> <u>3</u>	22b. ADDRESS <u>Clayton, Mo.</u>	22c. DATE SIGNED <u>6/24/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-18-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Pattonville, Missouri</u>
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24. FUNERAL DIRECTOR <u>Baumann Bros. Inc. Overland, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-20-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, 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 *David C. Gibson*

Licensed Embalmer No. *3414*
P. O. Address *Overland 149*

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.