

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045416

STATE FILE NUMBER
12567

FILED JAN 14 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY St. Louis)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Wellston 4311
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lake's Hosp.		Length of stay in 1b 3 weeks	d. STREET ADDRESS 6431 Etzel Ave.
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First BLANCHE	Middle NMI	Last BEEMAN	Month Dec.	Day 26,	Year 1958

5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-7-1902	9. AGE (In years at birthday) 56	10. UNDER 1 YEAR Months Days Hours Min.	11. 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) Worker (general)	10b. KIND OF BUSINESS OR INDUSTRY Box Factory	11. BIRTHPLACE (City and state or country) Des Moines, Ia.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sol Jumper	13b. MOTHER'S MAIDEN NAME Unknown Moreland	14. NAME OF HUSBAND OR WIFE John J. Beeman
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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) No	16. SOCIAL SECURITY NO. 260x	17. INFORMANT Address Lillian Hubbs, 127 Ries Rd., Ballwin, Mo.
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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) Coronary occlusion arteriosclerotic heart disease.		INTERVAL BETWEEN ONSET AND DEATH 6 days 1 yr 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b) Arteriosclerotic Heart Disease	
	DUE TO (c) Diabetes Mellitus	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x		19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input 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.)
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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
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21. I attended the deceased from Death occurred at 12:01 pm	to Dec 26, 1958 and last saw her alive on Dec 26, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22. SIGNATURE John B. Shapleigh (Name or title) John B. Shapleigh MD	22b. ADDRESS 3720 Washington Blvd. St. Louis, Mo.	22c. DATE SIGNED DEC 29 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-29-58	23c. NAME OF CEMETERY OR CREMATORY Frieden's Cemetery	23d. LOCATION (City, town, or country) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.	25. DATE RECD. BY LOCAL REG. DEC 29 58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. m. j. b.
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MEDICAL CERTIFICATION
-USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *J. Allen Davis*
Licensed Embalmer No. *1057B*
P. O. Address
1057B

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.