

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010700

STATE FILE NUMBER

2-2577

FILED APR 6 1959

Registration District No. Primary Registration District No.

Registrar's No.

300
-57
09
K
73
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 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 Kirkwood 22, 4673
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) 807 Lockett Rd.
3. NAME OF DECEASED (Type or print) First Middle Last PAULINE A. BEATTIE			4. DATE OF DEATH Month Day Year March 10, 1959
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 Oct. 30, 1888
9. AGE (In years last birthday) 70		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Evansville, Ind.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Vaeth	
13b. MOTHER'S MAIDEN NAME Rosina Stuedle		14. NAME OF HUSBAND OR WIFE Robert U. Beattie	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO None		16. SOCIAL SECURITY NO. 488-10-6099	17. INFORMANT Address Kirkwood 22 R.O. Beattie-807 Lockett Rd. Mo.
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>Myocardial Failure + Pulmonary Edema 24 Hrs</u> DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) <u>Partial Atrial Septal Defect - relieved by surgery 3/9/59</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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	
21. I, <u>J.P.M.</u> , the deceased from <u>11/8/48</u> to <u>3/10/59</u> and last saw ^{her} <u>alive</u> on <u>3/10/59</u> Death occurred at <u>Carroll St. Lem Mo</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>SEE ABOVE</u>		22b. ADDRESS <u>2632 S. Kings Highway</u>	22c. DATE SIGNED <u>3/11/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	Mar. 14, 1959	Our Red-emer Cem.	St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mort. Kirkwood 22, Mo.		25. DATE RECD. BY LOCAL REG. MAR 13 '59	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

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 *Ben E. Hoffman*

Licensed Embalmer No. *366*

P. O. Address *Honolulu*

**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.**