

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011718  
STATE FILE NUMBER

FILED MAR 18 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 648

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>ST. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>ST. Louis</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RICHMOND HEIGHTS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>RICHMOND HEIGHTS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1009 CLAYTONIA TR.</b>		Length of stay in lb <b>9 Mo</b>	d. STREET ADDRESS (If outside, give location) <b>1009 CLAYTONIA TR.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LOCKEY HEARD</b>			4. DATE OF DEATH Month Day Year <b>MAR 10. 1959</b>		
5. SEX <b>F. 1</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APR. 2. 1867</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>SALINE Co. ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>THOMAS BUNDY</b>		13b. MOTHER'S MAIDEN NAME <b>OCTAVIA PHILLIPS</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM B. (DECEASED)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>ESTHER TESAR 1009 CLAYTONIA TR. RICHMOND HEIGHTS MO</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis &amp; rt. hemiplegia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerosis general</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>332X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <i>estimated</i> <b>2.5 yrs -</b>
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.)			
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 attended the deceased from Death occurred at <b>3:30 July 21, 1958</b> and last saw her alive on <b>Mar. 8, 1959</b> . A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Ch Beckelman M.D.</b>		22b. ADDRESS <b>2615 Brentwood Blvd</b>		22c. DATE SIGNED <b>2/11/59</b>	
23a. DATE OF BURIAL OR CREMATION <b>REMOVED</b>		23b. DATE <b>MAR 12-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Co - Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>HEILIGTAG - IMPERIAL Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-11-59</b>		26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 .. *Arthur W. DeLuca* .....  
Licensed Embalmer No. .... *3872* .....  
P. O. Address. *Superior* .....

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.