

FILED JUN 11 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018925

STATE FILE NUMBER

patient transferred from
St. Joseph Hospital,
St. Charles, Mo.

Registration District No.

Primary Registration District No.

Registrar No. 5196

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before a. STATE Missouri b. COUNTY St. Charles	
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 St. Charles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Childrens		Length of stay in 1b 21 hours	d. STREET ADDRESS (If outside, give location) 2336 North River Rd
3. NAME OF DECEASED (Type or print) First Middle Last Michael Lee Beach			4. DATE OF DEATH Month Day Year 5 31 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-29-59
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months Day IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) St. Charles, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Waymond Joe Beach		13b. MOTHER'S MAIDEN NAME Audrey Taylor	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT Address Luan Lehr, 500 S. Kingshighway
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory arrest			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) sub arachnoid hemorrhage DUE TO (c) birth trauma			7605
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a). Premature Congenital heart disease Coccyx fracture IA + IV Septal Defect			19. WAS AUTOPSY PERFORMED? 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.)	
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
21. I attended the deceased from Death occurred at 5-30-59 9:40 a. to 5-31-59 and last saw him alive on 5-31-59			
22a. SIGNATURE Richard Spitzer M.D.		22b. ADDRESS 500 S. Kingshighway	22c. DATE SIGNED 5-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY 31, 1959	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEMETERY	23d. LOCATION (City, town, or county) (State) St. Charles, Mo.
24. FUNERAL DIRECTOR C.L. PRINSTER ST. CHARLES, MO PRINSTER-HUGHES F.H. INC.		25. DATE RECD. BY LOCAL REG. 5-31-59	26. REGISTRAR'S SIGNATURE Luan Lehr

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 *B. L. Penister*

Licensed Embalmer No.

P. O. Address

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.