

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018946
STATE FILE NUMBER
2 5147

FILED JUN 15 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital		d. STREET ADDRESS (If outside, give location) 4418 Clarence Av.	
3. NAME OF DECEASED (Type or print) First Middle Last MARY E. BEUMER		4. DATE OF DEATH Month Day Year May 26 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 6, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Baker		10b. KIND OF BUSINESS OR INDUSTRY Board of Education	11. BIRTHPLACE (City and state or country) St. Louis, MO.
13a. FATHER'S NAME Wm. J. Lampe		14. NAME OF HUSBAND OR WIFE (Deceased) Wm. Beumer	
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. 498-26-2826	
17. INFORMANT Grace Kaempfe		Address 4418 Clarence Avenue	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation due to hanging			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) When deceased hanged self in basement of home May 26, 1959.		
20c. TIME OF INJURY Hour a.m. _____ Month, Day, Year 26, 1959. p.m. _____	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION St Louis	COUNTY Mo STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Patrick J. Taylor (Degree or title) 3		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 5-28-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery	23d. LOCATION (City, town, or country) (State) St. Louis County MO
24. FUNERAL DIRECTOR SUEDEMEYER & SON'S ADDRESS 3934 N. 20th Street		25. DATE RECD. BY LOCAL REG. MAY 28 '59	26. REGISTRAR'S SIGNATURE Loard Smith, M.D.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related. No symptoms will be listed.

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. W. Dunkley*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis 8 Mo*

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.