

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027646

FILED VS JUL 21 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1849 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		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 Normandy (21)		Length of stay in 1b 62 Yrs.	c. CITY OR TOWN Normandy (21) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2842 Gainsboro		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2842 Gainsboro Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) FLORENCE PAYNTER BEEDLE			4. DATE OF DEATH July 9, 1959			
5. SEX F.	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/26/1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days 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 Own Home	11. BIRTHPLACE (City and state or country) Texas	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Paynter		13b. MOTHER'S MAIDEN NAME Lepage		14. NAME OF HUSBAND OR WIFE Horace Grant Beedle		

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 Mrs. Clyde Harvey 7409 Olive St Rd
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion		Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) General Arterio Sclerosis	
	DUE TO (c) Senility	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. Month, Day, Year		

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 St. Louis Co., Mo.
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21. I attended the deceased from Since 1955 to 7/9/1959 and last saw her alive on 7/7/1959
Death occurred at 6:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John A. Kozgremian M.D.	(Degree or title)	22b. ADDRESS 6677 Schwartz	22c. DATE SIGNED 7/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/11/1959	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.	23d. LOCATION (City, town, or county) St. Louis Co., Mo.

24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-10-59	26. REGISTRAR'S SIGNATURE John C. Murphy, MD
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

St. Louis	Missouri	62 Yrs	St. Louis
(SI)	Normandy (SI)	*	Normandy (SI)
2845 Gainsboro	2845 Gainsboro		2845 Gainsboro
July 9, 1929	BENEDICT	PAYMENT	INTEREST
73	A/28/1875	*	W.
USA	Texas	Own Home	Housewife
Force Grant Beadie	Leone	Walter	Walter
Mrs. Clyde Harvey 7409 Olive St R	None	---	%

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.

Burial Home
St. Louis Co. Mo.
St. Louis Co. Mo.
St. Louis Co. Mo.