URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041536

FILED VS DEC 7 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210838 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b: 10/9/59
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Masonic Home of Missouri — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5351 Delmar Blvd. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Viola Middle: Sears Last: Bealmer

4. DATE OF DEATH: Month: 11 Day: 22 Year: 59

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/31/1877
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): La Plata, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James I. Sears
13b. MOTHER'S MAIDEN NAME: Malinda J. Thomas
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-36-4412A
17. INFORMANT: Masonic Home of Mo.-5351 Delmar Blvd. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 Year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — Unknown
DUE TO (c): 153.8
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10-9-59, to 11-21-59 and last saw her alive on 11-21-59
Death occurred at 5:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Harold E. Walter M.D. (Degree on file)
22b. ADDRESS: 3720 Washington St. Louis Mo
22c. DATE SIGNED: 11-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-24-59
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): LaPlata, Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc., 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: NOV 24 1959
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MPH.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

~~or by~~ _____, Student Embalmer No. ___

working under my personal supervision.

Student _____ Signed Elton R. H. Remelius

Signature of Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis

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