URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 3 1960

-60-039517

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10502

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 21 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis - Little Rock Hospitals, Inc.
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): Lincoln Hotel - 2226 Olive Str.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Alfred; Middle: Alexander; Last: Beal

4. DATE OF DEATH: Month: October; Day: 28; Year: 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 5-21-1924

9. AGE (last birthday): 36

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): Switchman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): New Mexico

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Alfred Lee Beal

13b. MOTHER'S MAIDEN NAME: Mary Hilda Winans

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 525-24-5738

17. INFORMANT: Roy H. Samuels
Address: 3304 a Wyoming (18)

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): Portal Cirrhosis of Liver
INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 581.0

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 October 8, 1960, to Oct. 28, 1960 and last saw her/him alive on Oct. 27, 1960
Death occurred at 12:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R C Freeman (Degree or title) MD

22b. ADDRESS: 1755 So. Grand Ave

22c. DATE SIGNED: 10/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10/31/60

23c. NAME OF CEMETERY OR CREMATORY: National Cem.

23d. LOCATION (City, town, or county) (State): Jeffersona Barracks, Mo.

24. FUNERAL DIRECTOR: Schnur Funeral Home-St. Louis Mo.
ADDRESS: 3125 Lafayette Ave.

25. DATE RECD. BY LOCAL REG.: OCT 31 1960

26. REGISTRAR'S SIGNATURE: Noal Smith, M.D.

BY AFFIDAVIT OF DOCUMENT

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_____

Signature of Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3125 Lafayet

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.