

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-101439

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2366 STATE FILE NUMBER

FILED MAR 23 1961  
 1. PLACE OF DEATH  
 a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b --  
 c. CITY OR TOWN Florissant Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 845 Gonzaga Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
MAUD A. BEEMAN March 10, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH July 29 1883 9. AGE (last birthday) 77

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

13a. FATHER'S NAME William F. Bedwell 13b. MOTHER'S MAIDEN NAME Claudia N. Smith 14. NAME OF HUSBAND OR WIFE Atwood N. Beeman

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 Kansas City, Missouri Address (13) Missouri Mrs. Miriam Norris 6408 Morningside Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cerebral Vascular Accident INTERVAL BETWEEN ONSET AND DEATH one week

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 DUE TO (b) Generalized Arteriosclerosis  
 DUE TO (c) 331x  
 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 Month, Day, Year  
 a.m. p.m.

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 2 March 1961 to 10 March 1961 and last saw her alive on 9 March 1961  
 Death occurred at 7 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. J. O'Connor 22b. ADDRESS W-D Florissant, Mo. 22c. DATE SIGNED 10 March 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE March 13, 1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS C.R. LUPTON & SONS, 7233 DELMAR BLVD. 25. DATE RECD. BY LOCAL REG. MAR 10 1961 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clarence J. Murray*

Licensed Embalmer No.

*40110*

P. O. Address

*St. Louis*

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.