

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007741

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

1585

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH FEB 16 1962
 a. COUNTY **ST. LOUIS, MO.**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b _____
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **MASONIC HOME OF MO.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **5351 Delmar** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **RUBY** Middle **D.** Last **BEATTY**
4. DATE OF DEATH Month **2** Day **4** Year **62**
5. SEX **FEMALE** **6. COLOR OR RACE** **W** **7. Married** **Never Married**
Widowed **Divorced** **8. DATE OF BIRTH** **11-4-1879** **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) **Housewife**
10b. KIND OF BUSINESS OR INDUSTRY **-** **11. BIRTHPLACE** (City and state or country) **ST. LOUIS MO**
12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **James Davidson** **13b. MOTHER'S MAIDEN NAME** **Ella Ferris** **14. NAME OF HUSBAND OR WIFE** **Glen Beatty**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**
17. INFORMANT **John Davis** Address **12046 S. Elm Dr Blue Island, Ill**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute coronary thrombosis** INTERVAL BETWEEN ONSET AND DEATH **3 days**
 DUE TO (b) **Coronary arteriosclerosis** **unknown**
 DUE TO (c) **4201**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 **1960** to **2-4-62** and last saw her/him alive on **1 PMA 2:4-62**
 Death occurred at **3:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Harold E. Walters M.D.** **22b. ADDRESS** **3720 Washington St. Louis** **22c. DATE SIGNED** **2-5-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **23b. DATE** **2-7-1962** **23c. NAME OF CEMETERY OR CREMATORY** **Oak Grove Cem** **23d. LOCATION** (City, town, or county) **ST. LOUIS Co. MO** (State) _____

24. FUNERAL DIRECTOR **O'Sullivan Muehle Kohn** ADDRESS **8806 JENNINGS Road** **25. DATE RECD. BY LOCAL REG.** **FEB 7 1962** **26. REGISTRAR'S SIGNATURE** **Loan Smith, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 2 92
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 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 Herbert J. Goo Jr.

Licensed Embalmer No. 4800

P. O. Address Hickwood 27 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.