MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048156

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11840

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 9-2

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Louis City Hospital
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): 221 So. Broadway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Benjamin Middle: F. Last: Beadle

4. DATE OF DEATH: Month: December Day: 6, Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ 9
8. DATE OF BIRTH: 1/17/1911
9. AGE (last birthday): 51
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): Deck Hand
10b. KIND OF BUSINESS OR INDUSTRY: Barge Line
11. BIRTHPLACE (City and state or country): Arkansas
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Frank Beadle
13b. MOTHER'S MAIDEN NAME: Dixie Connell
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Bryan, c/o John Gaston Hospital Memphis, Tenn.

MEDICAL CERTIFICATION

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) Subdural Hemorrhage resulting from trauma

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Fracture of skull, suffered in fall down steps at

DUE TO (c) 221 So. Broadway, December 6, 1962.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Accident 900.6-45

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.) See above

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year 12-6-62

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.) Hotel
20f. CITY, TOWN, OR LOCATION St Louis, Mo COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 12/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-10-62
23c. NAME OF CEMETERY OR CREMATORY Frank Cemetery
23d. LOCATION (City, town, or county) (State) Holly Grove, Ark.

24. FUNERAL DIRECTOR Albert H.Hoppe, Inc., ADDRESS 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG. DEC 10 1962
26. REGISTRAR'S SIGNATURE Boad Smith, M.D.

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 J. W. Denkley

Licensed Embalmer No. 3653

P. O. Address St Louis NC

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.