

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5987

State File No. 1149

318

REG. DIST. NO. 1003 PRIMARY REG. DIST. NO. Registrar's No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 2513 Arlington Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Anthony		b. (Middle) A.		c. (Last) Beine	
4. DATE OF DEATH		(Month) _____		(Day) _____		(Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 4, 1879	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		Hours _____ Min _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis - mo		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME August Beine		13b. MOTHER'S MAIDEN NAME Weinera		14. NAME OF HUSBAND OR WIFE Anna M. Beine			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna M. Beine 2513 Arlington			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of Perineal skin malignant				INTERVAL BETWEEN ONSET AND DEATH 6 mos	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION 1-24-50		19b. MAJOR FINDINGS OF OPERATION Same				20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 196A			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 1-18-50 , 19 50 , to 2-4 , 19 50 , that I last saw the deceased alive on 2-3 , 19 50 , and that death occurred at 4:20A. m., from the causes and on the date stated above.							
23a. SIGNATURE Robert W. ...				23b. ADDRESS 16 Hampton ...		23c. DATE SIGNED 19 Feb 50	
24a. BURIAL CREMATION REMOVAL (Specify) _____		24b. DATE 2-7-50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL HEALTH DEPT. FEB 6 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. ... 1225 Union			

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
Student Embalmer

Signed Clement McNeal

Licensed Embalmer No. 3732

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 this body is not embalmed, fact should be so stated above.