

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38687

FILED DEC 8- 1951

State File No. 10502

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>10502</u>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>		c. LENGTH OF STAY (in this place) <u>4</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2049</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hos'p</u>				d. STREET ADDRESS (If rural, give location) <u>673 1/2 Clayton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILTON</u>			b. (Middle) <u>BEATUS</u>		c. (Last) <u>BEATUS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>11-30-82</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR Months	11. UNDER 18 YRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Groceries</u>		11. BIRTHPLACE (State or foreign country) <u>Memphis Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>***** Beatus</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Bettie R. Beatus</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-10-3680</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sidney Marx</u>		ADDRESS <u>7420 York</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>90 mins.</u> <u>1 month</u> <u>Several years.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>11:25 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H200</u>				
22. I hereby certify that I attended the deceased from <u>11-11</u> , 19 <u>51</u> , to <u>11/25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/25</u> , 19 <u>51</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Isaac M. Meyer M.D.</u>				23b. ADDRESS <u>4408 West Pine</u>		23c. DATE SIGNED <u>11/26/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>S. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>NOV 26 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Mayer</u>		ADDRESS <u>4356 Lindell Blvd</u>		

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

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

J. W. Bentley

Licensed Embalmer No. _____

3653

P. O. Address _____

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