

FILED NOV 12 1952

STANDARD CERTIFICATE OF DEATH

State File No. 36159

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9365

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|--|---------------------------|---|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2179 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL | | d. STREET ADDRESS (If rural, give location) 17 3641 CLEVELAND AVE | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) L c. (Last) BEAUCHAMP | | 4. DATE OF DEATH (Month) (Day) (Year) 10-9-52 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 11-7-1883 |
| 9. AGE (In years last birthday) Months 68 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER | |
| 11. BIRTHPLACE (State or foreign country) ST. GENEVIEVE MO | | 12. CITIZEN OF WHAT COUNTRY? | |

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| 13a. FATHER'S NAME MICHAEL BEAUCHAMP | 13b. MOTHER'S MAIDEN NAME MARY JANE BERRY | 14. NAME OF HUSBAND OR WIFE EVA |
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| 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. 489-17-6851 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Edw. Scholle | ADDRESS 3705 Dodder |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 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 | 19b. MAJOR FINDINGS OF OPERATION 7:20 pm - Oct 9 1952 100 Accident | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office, etc.) Street | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis MO |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 9 52 7:20 pm | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E8124 |

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 11:45 pm, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Patrick P. Taylor, M.D. | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 10.10.52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 10-11-52 | 24c. NAME OF CEMETERY OR CREMATORY St. Genevieve Mo. | 24d. LOCATION (City, town, or county) (State) |
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|---|--|--|---------------------------|
| DATE REC'D BY LOCAL REG. OCT 10 1952 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE A. Krowl | ADDRESS 2707 1/2 Grand |
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WRITE PLAINLY—USING UNFADING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

David J. Man

Signed.....

Student Embalmer

Licensed Embalmer No.....

4366

P. O. Address.....

Hausman

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.