

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

15455

State File No.

300
48

APR 18 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3638**

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. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 3321 Hickory	

3. NAME OF DECEASED (Type or Print) Bennie Beasley			a. (First) _____ b. (Middle) _____ c. (Last) Beasley		4. DATE OF DEATH (Month) (Day) (Year) April 3 1953				
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 31, 1908		9. AGE (In years last birthday) 44	10. MONTHS _____	11. DAYS _____	12. HOURS _____	13. MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coach Cleaner			10b. KIND OF BUSINESS OR INDUSTRY N. Y. Central R.R.		11. BIRTHPLACE (City and State or Foreign Country) Mississippi			12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME John Beasley		13b. MOTHER'S MAIDEN NAME Willie Christine		14. NAME OF HUSBAND OR WIFE Rosie Beasley	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. 425-10-5758	17. INFORMANT'S SIGNATURE OR NAME Rosie Beasley			ADDRESS 3321 Hickory	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Undet.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease with Congestive Failure	ANTECEDENT CAUSES Morbidity 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. Probable Peptic Ulcer.						

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X	
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22. I hereby certify that I attended the deceased from 3-26 1953, to 4-3 1953, that I last saw the deceased alive on 4-3 1953, and that death occurred at 1:20a m., from the causes and on the date stated above.

23a. SIGNATURE Edna E. Brooks, D.O.	(Degree or title)	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 4-4-53
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24a. BURIAL CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-8-53	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. APR 6 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Metropolitan Funeral System, Inc.		ADDRESS 5010 Enright Ave.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Paul V. Fairman

Licensed Embalmer No. _____

4696

P. O. Address _____

4585 Alder

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.