

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29778**
Registrar's No. **7311**

FILED AUG 20 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 18hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hosp				d. STREET ADDRESS (If rural, give location) 16 3523 Osage			
3. NAME OF DECEASED (Type or Print) Harry		a. (First)		b. (Middle) A		c. (Last) Beimes	
4. DATE OF DEATH (Month) (Day) (Year) 7 27 53		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 6/16/1890		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) patent attorney		10b. KIND OF BUSINESS OR INDUSTRY law		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harry		13b. MOTHER'S MAIDEN NAME Mary Morgans		14. NAME OF HUSBAND OR WIFE Mollie			
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. 7		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mollie Beimes 3523 Osage			
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) Carcinoma of larynx 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. Hemorrhage due to carcinoma 1 day				INTERVAL BETWEEN ONSET AND DEATH 1 year	
19a. DATE OF OPERATION July 1		19b. MAJOR FINDINGS OF OPERATION Laryngotomy + tracheostomy to promote breathing				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none 161 X			
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 no			
22. I hereby certify that I attended the deceased from July 1, 1953 to July 27, 1953 that I last saw the deceased alive on July 27, 1953 and that death occurred at 5:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. N. Cuthbert				23b. ADDRESS St. Louis Mo 906 Carleton Bldg.		23c. DATE SIGNED 7-28-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/30/53		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo	
DATE REC'D BY LOCAL REG. JUL 28 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schumacher funeral Home 3013 Meramec			

S.P. Licensed Embalmer's Statement on Reverse Side

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

3.300
3.48

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 VE Morris

Licensed Embalmer No. 3360

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.