

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32870

FILED OCT 15 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9396

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 OR TOWN SAINT LOUIS, MISSOURI)		c. CITY OR TOWN E. St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 1408 So. 16th St.		8120 8	

3. NAME OF DECEASED (Type or Print) FRANCES	a. (First)	b. (Middle) (NO MIDDLE INITIAL)	c. (Last) BEARD	4. DATE OF DEATH (Month) SEPT (Day) 28 (Year) 1953
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5. SEX Fem.	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 9/25/1924	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Humboldt, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Beard	13b. MOTHER'S MAIDEN NAME Emma Willis	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS 1408 So. 16th St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER OF CERVIX WITH LOCAL EXTENSION		
	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 HYDRO-URETER AND HYDRONEPHROSIS Conditions contributing to the death but not related to the disease or condition causing death.		1 MONTH	

19a. DATE OF OPERATION 9-1-53	19b. MAJOR FINDINGS OF OPERATION PELVIC ABSCESS CAVITY COMMUNICATING WITH BLADDER, SIGMOID, AND CAECUM	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)
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? 171X

22. I hereby certify that I attended the deceased from 8-27 1953, to 9-28 1953, that I last saw the deceased alive on 9-28 1953, and that death occurred at 5:42P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Meadey M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/30/53	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) Centreville Twp., Ill.
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DATE REC'D BY LOCAL REG. SEP 30 1953	REGISTRAR'S SIGNATURE J. C. Smith	FUNERAL DIRECTOR'S SIGNATURE W. R. M. C. Green	ADDRESS 4060 Washington
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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.....
Signature of Student Embalmer

Signed *Edgar H. Green*.....
Licensed Embalmer No. *4521*

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.