

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37008

State File No.

10137

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	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 St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis, Co.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bethesda Hospital		e. STREET ADDRESS (If rural, give location) Rt. 14 Box 720 7000 /		
3. NAME OF DECEASED (Type or Print)		a. (First) NORA	b. (Middle) *****	c. (Last) BEACHAM
4. DATE OF DEATH		(Month) (Day) (Year) Oct. 22, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 25, 1878	9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME WILLIAM MUNN		13b. MOTHER'S MAIDEN NAME MARY E BRANDT	14. NAME OF HUSBAND OR WIFE Late John C. Beacham	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd C. Munn - Rt. 14 - Box 720 S.L. Co.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute, diffuse PERITONITIS & Sepsis ANTECEDENT CAUSES Diverticulitis with extension to Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) peritoneal cavity DUE TO (c) intestinal II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH acute acute acute
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5721	
22. I hereby certify that I attended the deceased from Oct 20, 1953 , to Oct 22, 1953 , that I last saw the deceased alive on Oct 22, 1953 , and that death occurred at 7:30P m. , from the causes and on the date stated above.				
23. SIGNATURE H. H. H. Parker M.D. (Degree or title)		23b. ADDRESS St. Louis, Mo. 4665 Maryland	23c. DATE SIGNED 10/22/53	
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 10-26-53	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Mausoleum	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE RECD BY LOCAL REG. OCT 24 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS Kriegshauser-4228 S. Kingshighway Bl.	

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 *Richard W. Stoverson*.....

Licensed Embalmer No. *4007*.....

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.