

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2563**
Registrar's No. **0227**

FILED JAN 28 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN ST. LOUIS MO		a. STATE MISSOURI b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD Hosp. 24 3852 CALIFORNIA		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) LAURA b. (Middle) - c. (Last) BEARD		JAN. 8 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH APRIL 16 1875 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME LEWIS		13b. MOTHER'S MAIDEN NAME DUTCHY JOHNSON	
13c. NAME OF HUSBAND OR WIFE WEBSTER J. BEARD (DEC'D)		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME EDMOND BEARD		ADDRESS 3852 CALIFORNIA	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) Diabetes	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Hypertension	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION 1/4/54		19b. MAJOR FINDINGS OF OPERATION Intestinal Obstruction	
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? 5705	
22. I hereby certify that I attended the deceased from 1/7 , 19 54 , to 1/8 , 19 54 , that I last saw the deceased alive on 1/7 , 19 54 , and that death occurred at 2:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Edmond Beard MD (Degree or title)		23b. ADDRESS 3203 S Grand	
23c. DATE SIGNED 1/9/54		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE JAN. 11 1954		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutia	
DATE REC'D BY LOCAL REG. JAN 11 1954		REGISTRAR'S SIGNATURE Carl Smith MD	
25. ADDRESS 2906 Grand		25. ADDRESS	

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

3 23 MAR 1951

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 *Leo J. Budd*

Licensed Embalmer No. *3989*

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.