

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ 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)  
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) \_\_\_\_\_  
c. CITY OR TOWN St Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 4320 Lindell e. STREET ADDRESS (If rural, give location) 19 4320 Lindell Ave

3. NAME OF DECEASED a. (First) Bertie b. (Middle) Bevire c. (Last) Four 4. DATE OF DEATH (Month) (Day) (Year) 6-5-1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 2-2-1880 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 At Home 11. BIRTHPLACE (City and State or Foreign Country) Bellewille Ill 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME H. H. Bevire 13b. MOTHER'S MAIDEN NAME Nora Welch 14. NAME OF HUSBAND OR WIFE John J

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Bessie Jones 4320 Lindell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Coronary Disturbance 3 days  
ANTECEDENT CAUSES Malnutrition 10 days  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Hyper tension years?  
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Heart Disease

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 570.5

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 6-3 1954, to 6-5 1954, that I last saw the deceased alive on 6-4 1954, and that death occurred at 12:00 noon from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Lawrence MD 23b. ADDRESS 3720 Washington 502 Beaumont 23c. DATE SIGNED 6-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Reburial 24b. DATE 6-5-54 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) Belleville Ill

DATE REC'D BY LOCAL REG. JUN 7 1954 REGISTRAR'S SIGNATURE J. C. Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Gardner Funeral Home Belleville Ill

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *Ronald O. Yakub*.....

Licensed Embalmer No. *2911*.....

P. O. Address *S. Lane*.....

**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.**