

25755

 DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

 FILED JUL 20 1954
 REG #115883

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1483</u>					
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>			c. LENGTH OF STAY (If in hospital) <u>174 DAYS</u>			c. CITY OR TOWN <u>VINITA PARK</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>8310 FLORA AVE.</u>							
3. NAME OF DECEASED (Type or Print)			a. (First) <u>FRED</u>		b. (Middle) <u>W.</u>		c. (Last) <u>BEINKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-54</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>11-3-78</u>		9. AGE (In years last birthday) <u>75 YEARS</u>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>PETER BEINKE</u>				13b. MOTHER'S MAIDEN NAME <u>SOPHIE FEIN</u>				14. NAME OF HUSBAND OR WIFE <u>WIDOWED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES SPAW</u>				16. SOCIAL SECURITY NO. <u>492-05-5113</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)										INTERVAL BETWEEN ONSET AND DEATH <u>10 MOS.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EMPHYSEMA, PULMONARY</u>											
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.											
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BRONCHIECTASIS DUE TO MIXED INFECTION</u>										<u>10 MOS.</u>	
DUE TO (c)											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input 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)			<u>526X</u>			
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?						
22. I hereby certify that I attended the deceased from <u>12-31-</u> , 19 <u>53</u> , to <u>6-23-</u> , 19 <u>54</u> , from the time of death to the time of death , and that death occurred at <u>11:35 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Stewart B. Reynolds MD</u>				23b. ADDRESS <u>VET. ADM. HOSPITAL, JEFF. BRKS., MO.</u>				23c. DATE SIGNED <u>6-23-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>					
DATE REC'D BY LOCAL REG. <u>6/25/54</u>		REGISTRAR'S SIGNATURE <u>Hebert S. VonKemp</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heermann - 2161 E. Fair</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 *Clement M. Quay*.....

Licensed Embalmer No. *3782*

P. O. Address *St. Louis*

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.