No. 300
10.48

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33533

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. 17

0340
1

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

1. PLACE OF DEATH a. COUNTY Franklin County	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pacific, Mo. c. LENGTH OF STAY (in this place) 6 hrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 214 Bellview Av.	d. STREET ADDRESS (If rural, give location) 3412a Montana St., 215-9 1

3. NAME OF DECEASED (Type or Print)	a. (First) CLEMENCE	b. (Middle) J.	c. (Last) BEEL	4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1954
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 20, 1891	9. AGE (In years last birthday) 63 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) Blacksmith	10b. KIND OF BUSINESS OR INDUSTRY Refrigerator Transit	11. BIRTHPLACE (State or foreign country) Bollinger County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Beel	13b. MOTHER'S MAIDEN NAME Vandermeerden	14. NAME OF HUSBAND OR WIFE Ruth Mahoney Beel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Ruth Beel, 3412a Montana St.,	ADDRESS St.Louis,Mo.	

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic heart disease — 2 yrs

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 4200	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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* Nov., 1952, *to* Nov. 1, 1954, *that I last saw the deceased alive on* Nov. 1, 1954, *and that death occurred at* 1:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. R. Sheridan, M.D.	23b. ADDRESS 1755 So. Grand Blvd.	23c. DATE SIGNED 11-4-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/8/54	24c. NAME OF CEMETERY OR CREMATORY St. Trinity ~~Pilgrims Rest~~ Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. Nov. 7-54	REGISTRAR'S SIGNATURE Mary B Gross 94-0	25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H.Inc., 1936	ADDRESS St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1950

Dr. Edmund R. Sheridan -
Mo.Pac. Hosp. - PR1-0500
10-3 16 Hampton Village
3:30-5 PR1-3508
7-8 PR1-6080

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 [signature]

Licensed Embalmer No. 4520

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.