

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5979

State File No.

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1207

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5216 Wabada Avenue</u>		e. STREET ADDRESS (If rural, give location) <u>5216 Wabada Avenue</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hughes</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Bean</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>3 - 19 - 1879</u>		9. AGE (In years last birthday) <u>75</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 8 - 1955</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hire Twp., Illinois</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John A. Bean</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy 'Hara</u>			
14. NAME OF HUSBAND OR WIFE <u>Rose La Cari Bean</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-09-8260</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose Bean</u>		ADDRESS <u>5216 Wabada Ave.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage hemiplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac insufficiency and thrombosis</u> DUE TO (c) <u>Rheumatic Arthritis endocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Feb. 6, 1955</u>	
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)		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? <u>7220</u>		22. I hereby certify that I attended the deceased from <u>2/6</u> , 19 <u>55</u> to <u>2/8</u> , 19 <u>55</u> that I last saw the deceased alive on <u>2/8</u> , 19 <u>55</u> and that death occurred at <u>1A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. W. Fisher MD</u>		23b. ADDRESS <u>3201 Washington</u>		23c. DATE SIGNED <u>2/8/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/10/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galvary Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		DATE REC'D BY LOCAL REG. <u>FEB 8 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>		ADDRESS <u>1905 Union Blvd.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Fred Pelber
3201 Washington
2-5 Tue & Wed

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 *Warren A. Carver*

Licensed Embalmer No. *35*

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.