

FILED MAR 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. **6822**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **393**

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Robertson**

c. LENGTH OF STAY (In this place) **3-yrs**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Gist Road**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Robertson 700**

d. STREET ADDRESS (If rural, give location) **Gist Road R#2 Box 270**

3. NAME OF DECEASED

a. (First) **Zada** b. (Middle) **Neoneta** c. (Last) **Beahan**

4. DATE OF DEATH (Month) (Day) (Year) **Feb. 14, 1955**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Married** **8. DATE OF BIRTH** **June 15, 1895**

9. AGE (In years last birthday) **59** **10. UNDER 1 YEAR** **11. UNDER 2 WKS.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY** **Home** **11. BIRTHPLACE** (City and State or Foreign Country) **Rock Bridge, Ill.** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Aaron Richards** **13b. MOTHER'S MAIDEN NAME** **Mary Schemerhorn** **14. NAME OF HUSBAND OR WIFE** **Roland A. Beahan**

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.** **498-07-1332** **17. INFORMANT'S SIGNATURE OR NAME** **Roland A. Beahan** **ADDRESS** **Robertson, Mo.**

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) **Carcinomatosis**

ANTECEDENT CAUSES **Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** **DUE TO (b)** **Carcinoma of the kidney** **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 NO **180X**

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** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **Jan 10, 1953**, to **Feb 14, 1955**, that I last saw the deceased alive on **Feb 1, 1955**, and that death occurred at **8:12 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Michael M. Karl, M.D.** **23b. ADDRESS** **4662 Maryland Ave. St. Louis** **23c. DATE SIGNED** **2/15/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **2-17-1955** **24c. NAME OF CEMETERY OR CREMATORY** **Lake Charles Park** **24d. LOCATION** (City, town, or county) (State) **Wellston, Mo.**

DATE REC'D BY LOCAL REG. **2-15-55** **REGISTRAR'S SIGNATURE** **Hubert S. Double M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Baumman Bros Inc** **ADDRESS** **2501 Woodman Rd. Overland-14-Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

4632 111 Maryland

V
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 David C. Gibson

Licensed Embalmer No. 3444

P. O. Address Charlottesville, Va.

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.