

FILED JUN 8 1955

STANDARD CERTIFICATE OF DEATH

State File No. 17537

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. 362 | | PRIMARY REG. DIST. NO. 4531 | | Registrar's No. 76 | |
| 1. PLACE OF DEATH a. COUNTY Warren | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton | | c. LENGTH OF STAY (in this place) 11 months | | c. CITY OR TOWN St. Louis | | 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 Katie Jane Memorial Home | | | | e. STREET ADDRESS (If rural, give location) 2007 / | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Albert | | b. (Middle) F. | | c. (Last) Beasty | | 4. DATE OF DEATH (Month) (Day) (Year) June 4, 1955 | |
| 5. SEX Male ⁰ | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ² | | 8. DATE OF BIRTH Feb. 23, 1874 | |
| 9. AGE (In years last birthday) 81 | | 10. MONTHS 3 | | 11. DAYS 11 | | 12. HOURS 1 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator | | 10b. KIND OF BUSINESS OR INDUSTRY Public Service Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Washington, Iowa | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Bernard Beasty | | 13b. MOTHER'S MAIDEN NAME Bridget ? | | 14. NAME OF HUSBAND OR WIFE Hattie Wallace ^{deceased} Beasty | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 493-10-9438 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E.L. Siefert R. R. #2 Box 32 Wright City, Mo. | | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral infarcted Hypertension</i> <i>fracture spontaneous 1/2 of left femur</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <i>Due to (b) degeneration of vessel leg subclavia of arm 3 yrs ago because of arteriosclerosis of leg</i> DUE TO (c) <i>arteriosclerosis gangrene of left foot</i> 2. OTHER SIGNIFICANT CONDITIONS <i>fracture intertrochanteric</i> Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i> <i>10 hrs</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>arteriosclerosis gangrene</i> | | | | 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 | | | |
| 22. I hereby certify that I attended the deceased from 7-11, 1954 to 6-4, 1955, that I last saw the deceased alive on 6-2, 1955, and that death occurred at 10 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Donald H. Holscher M.D.</i> | | | | 23b. ADDRESS <i>W. Brenton Mo</i> | | 23c. DATE SIGNED <i>6-6-55</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6-7-55 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. 6-7-55 | | REGISTRAR'S SIGNATURE <i>Floyd Logan</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>F.W. Nieburg & Co., Warrenton, Mo.</i> | | | |

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

100
10
1955

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.....
John J. Schiberg

Licensed Embalmer No. 38

P. O. Address *Warrenton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.