

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31859

State File No.

FILED SEP 22 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2103

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) <u>Pagedale</u>		c. CITY OR TOWN <u>Pagedale</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		STREET ADDRESS (If rural, give location) <u>1218 Gregan Pl.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1218 Gregan Pl.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Beurskens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1955</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>Oct. 3, 1907</u>		9. AGE (in years last birthday) <u>47</u>		IF UNDER 1 YEAR Days _____ IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool & Die Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Progressive Service Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>M.H. Beurskens</u>		13b. MOTHER'S MAIDEN NAME <u>Mae Haney</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>489-05-5488</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Beurskens</u> ADDRESS <u>1218 Gregan Pl.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforated Peptic Ulcer</u>			<u>6 wks.</u>
		DUE TO (c) <u>Subchronic abscess, Pneumonia bilat.</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>540i</u>			

19a. DATE OF OPERATION <u>7/24/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Perforated ant. Duodenal ulcer</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 7/24, 1955, to 9/7, 1955, that I last saw the deceased alive on 9/7, 1955, and that death occurred at 9:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Melvin A. Caselmann</u> (Degree or title)		23b. ADDRESS <u>2801 N. Taylor</u>		23c. DATE SIGNED <u>9/8/55</u>	
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24a. BURIAL PREPARATION <u>Funeral Home</u>		24b. DATE <u>9-10-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	

DATE REC'D BY LOCAL REG. <u>9-9-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb MD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Finan Funeral Home, 1519 So. Grand</u> ADDRESS	
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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 Elmer K. Padwell

Licensed Embalmer No. 407

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.