

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21680

State File No.

FILED JUN 25 1956

318

1003

5621

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 St. Louis Missouri		c. LENGTH OF STAY (in this place) _____		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 HOSPITAL OR INSTITUTION 4207 Magnolia Ave.				e. STREET ADDRESS (If rural, give location) 17 4207 Magnolia Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Jules		b. (Middle) _____		c. (Last) Bebie		4. DATE OF DEATH (Month) (Day) (Year) June 8, 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr 9, 1877	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) consulting chemist			10b. KIND OF BUSINESS OR INDUSTRY chemical			11. BIRTHPLACE (City and State or Foreign Country) Zurich, Switzerland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME HEINRICH BEBIE		13b. MOTHER'S MAIDEN NAME LOUISE WIENDERLICH		14. NAME OF HUSBAND OR WIFE Helen Bebie			
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. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HELEN BEBIE 4207 MAGNOLIA AVE.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0				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) m.		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 July, 1952, to 8 June, 1956 , that I last saw the deceased alive on 2 June, 1956 and that death occurred at 5 PM m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Milton Smith M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 10 June 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE June 14, 1956		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
DATE REC'D BY LOCAL REG. JUN 13 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton and Sons 7233 Delmar Blv'd.			

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

7E 3-8700

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 *Clarence H. Murray*.....

Licensed Embalmer No. *4011*.....

P. O. Address *3011*.....

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.