

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5991

FILED FEB 25 1957

State File No.

1195

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

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MO** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis** 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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2514 E. University St. 2201** e. STREET ADDRESS (If rural, give location) **2514 E. University**

3. NAME OF DECEASED a. (First) **Ernest** b. (Middle) **LBster** c. (Last) **Beggs** 4. DATE OF DEATH (Month) (Day) (Year) **2 3 57**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Aug. 25, 1891** 9. AGE (In years; last birthday) **65** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Railroad Trucker** 10b. KIND OF BUSINESS OR INDUSTRY **St. L.S., W.R.R.** 11. BIRTHPLACE (City and State or Foreign Country) **Johnson Co., Ill.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James Beggs** 13b. MOTHER'S MAIDEN NAME **Lucidia Betts** 14. NAME OF HUSBAND OR WIFE **Christine T. Beggs**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. **498-03-6783** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Christine Beggs** ADDRESS **2514 E. University**

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, asphemia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) **Myocardial infarction**
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. **420.1**

19a. DATE OF OPERATION **none** 19b. MAJOR FINDINGS OF OPERATION **none** 20. AUTOPSY? YES NO

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 **May 19 54 to Feb 3, 1957**, that I last saw the deceased alive on **Dec. 27, 1956**, and that death occurred at **1:32 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **G. H. Krause** 23b. ADDRESS **3720 Washington Blvd.** 23c. DATE SIGNED **2/4/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **2/6/57** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **FEB 5 57** REGISTRAR'S SIGNATURE **J. Carl Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Robert D. Kinealy 2228 St. Louis Ave.**

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

m & B. (Licensed Embalmer's Statement on Reverse Side)

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Dr. Kramer
3720 Wabing
#708

1981

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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 *Halley R. Gaeller Jr*
Licensed Embalmer No. *495*
P. O. Address *H. Law*

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.
 this body is not embalmed, fact should be so stated above.