

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016743

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1024

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Kirkwood 22 400.3	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1318 Charmwood Dr.		Length of stay in lb 1 1/2 Yr	
d. STREET ADDRESS 1318 Charmwood Dr.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) CLIFFORD			First Middle Last H. BEUTEL			4. DATE OF DEATH Apr. 12, 1958					
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH Apr. 21, 1902		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR IF UNDER 24 HRS.	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Chemical co.		10b. KIND OF BUSINESS OR INDUSTRY Senoret Chem. Co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? USA		Months Days Hours Min.	
13. FATHER'S NAME Gustave H. Beutel						14. MOTHER'S MAIDEN NAME Fannie Jonas					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None				16. SOCIAL SECURITY NO. 492-01-2425		17. INFORMANT Janice Beutel-1318 Charmwood Dr. Address Kirkwood 22					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION								INSTANTANEOUS			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								DUE TO (b) CORONARY THROMBOSIS			
								DUE TO (c) 4/201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		

21. I attended the deceased from **14631** to **4-12-1958** and last saw ^{her}him alive on **2-1-58**
Death occurred at **2:30 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Louis C. Wyatt M.D. (Degree or title)			22b. ADDRESS 134 W. Adams			22c. DATE SIGNED 4-13-58		
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-14-58		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
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24. FUNERAL DIRECTOR Pfztinger Mort. ADDRESS -Kirkwood 22, Mo.			25. DATE RECD. BY LOCAL REG. 4-14-58		26. REGISTRAR'S SIGNATURE Herbert P. Danke M.D.			
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health, Welfare public service
 4003
 300
 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER —

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ben E. Hoffm*

Licensed Embalmer No. *463*

P. O. Address *H. Loren*

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.