

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002716

STATE FILE NUMBER 229

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 229

FILED JAN 28 1959

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, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Incarnet Word 20 hr.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> 4706 Pennsylvania	
3. NAME OF DECEASED (Type or print) First Middle Last Josephine Beck			4. DATE OF DEATH Month Day Year Jan. 6 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 29 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA.		13. FATHER'S NAME Ruben C. Hawkins	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT Address Roy Hawkins 4706 Pennsylvania	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardiac arrhythmia arteriosclerotic heart disease due TO (b) arteriosclerotic heart disease 4200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 1-5-59 to 1-6-59 and last saw her alive on 1-6-59 Death occurred at 6:20 P.M. 1-6-59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE N. Kimmelman (Degree or title) M.D.		22b. ADDRESS 1005 Big Bend	
22c. DATE SIGNED 1-8-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 1-9-1959	23c. NAME OF CEMETERY OR CREMATORY Mo. Crematory	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR Jos. P. Fendler Jr. 7128 Michigan		25. DATE RECD. BY LOCAL REG. JAN 8 '59	
26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

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56
14
156
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

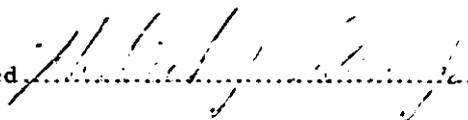
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

3.0-

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 .....
Licensed Embalmer No.

P. O. Address

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.