

Health,  
Welfare,  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010699  
STATE FILE NUMBER  
2 3070

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>               |  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>City Hospital</b> |  | d. STREET<br>ADDRESS <b>4539 Swan Ave.</b>  |  |
| Length of stay in lb<br><b>2 Hours</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>GEORGE L. BEASLEY</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>Mar. 25 1959</b> |  |  |
|---|--|--|---|--|--|

|                       |                                  |  |   |  |   |                                |
|-----------------------|----------------------------------|--|---|--|---|--------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 1, 1925</b> | 9. AGE (In years last birthday)<br><b>33</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HRS.<br>Hours Min. |
|-----------------------|----------------------------------|--|---|--|---|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Window Washer-Aetna Window Clg. Co.</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>INDUSTRY</b> | 11. BIRTHPLACE (City and state or country)<br><b>Rolla, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
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|---|---|---|
| 13a. FATHER'S NAME<br><b>Joseph Beasley</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Jewel Giesler</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Marie Beasley</b> |
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|   |                         |   |
|---|-------------------------|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)<br><b>No None</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br>Address<br><b>Jule Eyerkuss 4539 Swan Ave.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Suddural &amp; Subarachnoid Hemorrhage of the Brain, Multiple Fractures.</b>  |  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)<br><b>He fell from a second floor window to ground below on a sidewalk.</b> |  |                                  |

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| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|--|---|

|   |   |   |                          |                         |
|---|---|---|--------------------------|-------------------------|
| 20c. TIME OF INJURY<br><b>1100 a.m. 3 25 59</b> | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)<br><b>255 S. Kingshighway</b> | 20e. CITY, TOWN, OR LOCATION<br><b>St. Louis Mo</b> | 20f. COUNTY<br><b>Mo</b> | 20g. STATE<br><b>Mo</b> |
|---|---|---|--------------------------|-------------------------|

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| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at <b>125 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |
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|  |                                   |                                     |
|--|-----------------------------------|-------------------------------------|
| 22a. SIGNATURE<br><b>Patrick P. Taylor</b> (Degree or title) | 22b. ADDRESS<br><b>1300 Clark</b> | 22c. DATE SIGNED<br><b>3.26.59.</b> |
|--|-----------------------------------|-------------------------------------|

|   |           |                                    |  |
|---|-----------|------------------------------------|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or country) (State) |
| <b>Removal (Mtr) 3-28-1959</b>            |           |                                    | <b>Vichy, Mo.</b>                              |

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| 24. FUNERAL DIRECTOR<br><b>Kriegshauser 4228 S. Kingshighway</b> | 25. DATE RECD. BY LOCAL REG.<br><b>MAR 26 '59</b> | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1-57  
9 1

9 1

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 *William B. White* .....

Licensed Embalmer No. *4281* .....

P. O. Address *4228 S. Kings* .....

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.