

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 Weeks	c. CITY OR TOWN Jennings	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3031 Solway	
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		

3. NAME OF DECEASED (Type or print) First Vera Middle Beatrice Last Beard			4. DATE OF DEATH Month 12 Day 15 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/17/20		
				9. AGE (last birthday) 40	IF UNDER 1 YEAR Months _____ Days _____	
				IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Secretary		10b. KIND OF BUSINESS OR INDUSTRY St. L. Medical		11. BIRTHPLACE (City and state or country) Bloomfield, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Lon Cleveland		13b. MOTHER'S MAIDEN NAME Lou Norrid		14. NAME OF HUSBAND OR WIFE Walter H. Beard	
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. 497-07-2134		17. INFORMANT Walter H. Beard, 3031 Solway	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
DUE TO (b) Carcinoma of Lung			1 1/2 years
DUE TO (c) 163x			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)		
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		
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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
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21. I attended the deceased from **Aug. 1959** to **Dec. 1960** and last saw her alive on **Dec. 15, 1960**
 Death occurred at **9 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marion W. Davis, MD		22b. ADDRESS 539 N. Grand		22c. DATE SIGNED 12/17/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12/19/60	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
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24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.		25. DATE RECD. BY LOCAL REG. DEC 17 1960	26. REGISTRAR'S SIGNATURE Paul Smith MD
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Martin W. Davis
539 N. Grand Humbolt Med. Bldg.
Je 3-4980
Hrs. 11-3 Fri. 11-2 Sat.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Warren A. Carve

Licensed Embalmer No. 3534

P. O. Address _____

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.