

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-046060**

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11616 STATE FILE NUMBER

AMENDED

**FILED DEC 18 1961**  
 1. PLACE OF DEATH  
 a. COUNTY Missouri b. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b Life c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda General Hosp. Inside Limits Yes  No  d. STREET ADDRESS 159 St. George (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First DIANE Middle MARIE Last BEAKLEY 4. DATE OF DEATH Month 12 Day 3 Year 61

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-3-61 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months 29 Days 29 Hours 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) MISSOURI, ST. LOUIS 12. CITIZEN OF WHAT COUNTRY UNITED STATES

13a. FATHER'S NAME ROBERT JOSEPH BEAKLEY 13b. MOTHER'S MAIDEN NAME EDNA MARIE HOOTEN 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Edw Beakley Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Congenital aletelexis  
 DUE TO (b) Cord tight around neck  
 DUE TO (c) Prematurity  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 761.5 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 3:30 Month, Day, Year Dec 3, 1961

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION St. Louis, Mo. COUNTY STATE

21. I attended the deceased from on Dec 3, 1961 to Dec 3, 1961 and last saw her/him alive on Dec 3, 1961 Death occurred at 3:30 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leroy E. Ellison M.D. 22b. ADDRESS 3610 So Broadway, St. Louis Mo 22c. DATE SIGNED 12-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) 12-30-61 23b. DATE 12-30-61 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Rowland Mortuary Svc. 4104-06 Manchester ADDRESS DEC 14 1961 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

I hereby certify that the body of \_\_\_\_\_

deceased \_\_\_\_\_

was embalmed by me \_\_\_\_\_

or by \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_ Signed \_\_\_\_\_

Signature of Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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. (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.