

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046066

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11681

STATE FILE NUMBER

AMENDED

FILED DEC 27 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS				Length of stay in 1b		c. CITY OR TOWN GLASGOW VILLAGE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTIONS ST. LOUIS CITY HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 148 PERTSHIRE	
3. NAME OF DECEASED (Type or print) First Middle Last Walter E. Beil				4. DATE OF DEATH Month Day Year Dec. 12 1961			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH AUG 28 1960	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) 1		IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and state or country) MISSOURI				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME JOSEPH BEIL				13b. MOTHER'S MAIDEN NAME ROSEMARIE GHAESER		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) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT JOSEPH BEIL 148 PERTSHIRE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from laceration of ascending aorta; Transaction of spine cord resulting from bullet wound; suffered when gun was accidentally discharged in home, in St. Louis County, on or about Dec 12 <sup>th</sup> , 1961 DUE TO (b) about 6:30 P.M. accident DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above			
20c. TIME OF INJURY 6:30 a.m. 12-12-61		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 35 Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Co., Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Helen L. Taylor Coroner				22b. ADDRESS 1300 Clark Ave.		22c. DATE SIGNED 12-15-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE DEC 15 1961		23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK		23d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO.	
24. FUNERAL DIRECTOR Thomas Kutia 2906 Gravois				25. DATE RECD. BY LOCAL REG. DEC 15 1961		26. REGISTRAR'S SIGNATURE Loed Smith, M.D.	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grover

**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.