

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

40414

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 771
Primary Registration District No. 1003
(No. Bellemeade Hosp)

File No.
Registered No. 12466
St. Ward)

2. FULL NAME

James Bernard Beebecker
(a) Residence No. Bellemeade Ind. Hosp. 18 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hra. ormin.
		<u>3</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) East St Louis Ill
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Beebecker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lillian Rafter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) East St Louis Ill.
(STATE OR COUNTRY)

14. INFORMANT Frank Beebecker
(Address) 2901 Bond St. East St Louis

15. FILED DEC 31 1926 Max G. Sturkeoff
19... .. REGISTERED

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-31-1926
17.

I HEREBY CERTIFY, That I attended deceased from 12-31-26, 19... .., to 12-31-26, 19... .., that I last saw him alive on 12-31-26, 19... .., and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

menstritis (bilateral)
89B
77B 86B
(duration) yrs. mos. ds.
CONTRIBUTORY meningitis (local)
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Spinal fluid
(Signed) W. H. Baker M.D.
, 19... (Address) 3649 Biwater

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Carmel Cemetery Jan. 1 1926

20. UNDERTAKER East St Louis ADDRESS East St Louis
Joseph Korman 2nd

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

