

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No. **791**
Primary Registration District No. **1003**
(No. *St. Louis, Mo.*)

File No. **38808**
Registered No. **11540**
St. Ward)

2. FULL NAME

(a) Residence. No. **5098 Westminster Place** (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Cornelia Beckenridge**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 19, 1862**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
65	2	4	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Research writer**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **St. Louis Mo.**

10. NAME OF FATHER

Geo. Beckenridge

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Washington, D.C.**

12. MAIDEN NAME OF MOTHER

Julia Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **St. Louis, Mo.**

14.

INFORMANT (Address) **Dr. Mac Kenna 5098 Westminster Place**

15.

FILED **DEC 25 1927** **max b. Starkeoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 23 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 23 1927** to **Dec 23 1927**, that I last saw him alive on **Dec 23rd 1927**, and that death occurred, on the date stated above, at **10:30 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myo Carditis
ISE 43090B
(duration) **4** yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY) **Gravel in bladder**
Type unknown (duration) - yrs. - 6 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: **I DID AN OPERATION PRECEDE DEATH** **Yrs** DATE OF **Removal of prostate**

WAS THERE AN AUTOPSY? **No.** **Gravel in bladder**

WHAT TEST CONFIRMED DIAGNOSIS? **Biological**
(Signed) **Geo. W. Carson**, M. D.

new, 1927 (Address) **835 Bakery Bldg**

*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

Bellefontaine DATE OF BURIAL **Dec 26 1927**

20. UNDERTAKER

Wagoner ADDRESS **3621 Olive.**

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.

1-3 Jan. 8 floor Century
Dr. Little's account.