

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 6444, Marmaduke Ave St. _____ Ward)

File No. 25533
 Registered No. 7348

2. FULL NAME

Gilbert Lee Beckley
 (a) Residence. No. 6444 Marmaduke St., 3 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF A. Selene Beckley
 (OR WIFE OF)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31, 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>54</u>	<u>11</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Construction Engineer
 (b) General nature of industry, business, or establishment in which employed (or employer) "
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER H.M. Beckley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.
 (STATE OR COUNTRY)

14. INFORMANT Mrs. G. L. Beckley
 (Address) 6444 Marmaduke Ave

15. FILED JUL 16 1928 W. C. Stakely REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13 1928

17. I HEREBY CERTIFY, That I attended deceased from June 27th, 1928, to July 13-14, 1928
 that I last saw him alive on 7-13-28, 1928, and that death occurred, on the date stated above, at 2:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina pectoris
97 89
 (duration) about one hour yrs. mos. ds.
 CONTRIBUTORY Arterio sclerosis
 (SECONDARY) about (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH. No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) R. Brent Murphy, M. D.
July 14, 1928 (Address) 6120 Victoria Ave

*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 <u>Missouri Crematory</u>	DATE OF BURIAL <u>July 16th 28</u>
20. UNDERTAKER <u>A. W. McLaughlin</u>	ADDRESS <u>1631 Mo. Ave</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

6120 Victoria

61 - on land

1-3-9102

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