

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

Do not use this space.

26796

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, MO.

Registration District No. 701
Primary Registration District No. 1003

File No.....
Registered No. 7990
St..... Ward)

2. FULL NAME

(a) Residence No. 5800 Arsenal St. 13 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16th 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>83</u>	<u>7</u>	<u>0</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Houseworker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Jacob Beckenbaugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Indiana
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah Humphrey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Ireland
(STATE OR COUNTRY)

14. INFORMANT..... M. Effinger
(Address) City of St. Louis

15. FILED..... May 21 1931
May 21 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1925, to July 15, 1931 that I last saw h. er alive on July 16, 1931, and that death occurred, on the date stated above, at 4:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
167 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED City Infirmary
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Maurice A. Beebe, M. D.

July 17, 1931 (Address) City Hospital # 1

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Matthew DATE OF BURIAL July 20 1931

20. UNDERTAKER Wm. B. Buss ADDRESS 2201 S. Grand

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.

