

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.

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

Do not use this space.

17768

1. PLACE OF DEATH

County..... Registration District No. *754*
Township..... Primary Registration District No. *1000 B*
City *St. Louis* (No. *4929 Reber Place*) St. Ward)

2. FULL NAME

John L. Beecher
(a) Residence, No. *4929 Reber Place* Sr. *B* Ward. (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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary E. Beecher*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 22-1853*
7. AGE YEARS *78* MONTHS *8* DAYS *20* If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Baker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

MOTHER FATHER 13. NAME *Saul Beecher*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Mary E. Beecher* (ADDRESS) *4929 Reber Place*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla* DATE *May 16 1932*

19. UNDERTAKER *Chas. J. ...* (ADDRESS) *3125 Lafayette Ave*

20. FILED *MAY 14 1932* *W. J. ...* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 12, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *May 11, 1932* to *May 12, 1932*

I last saw *him* alive on *May 12, 1932* Death is said to have occurred on the date stated above, at *10:40 p.m.*

The principal cause of death and related causes of importance were as follows:

Cholecystitis Chronic Date of onset *1930*
127 B
156 A 127 B
Other contributory causes of importance: *Acute Atheritis* *3 weeks*

Name of operation *none* Date of *May 12 1932*

What test confirmed diagnosis: *lab* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *W. J. ...* M. D.

(Address) *100 Wood Mrs.*

Rev. D. D. ...

