

**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**

**1003**

File No. **22150**

Township.....

Primary Registration District No. **Springfield, Mo.**

Registered No. **5922**

City **St. Louis** (No. **Fresco Hospital**)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. **Springfield, Mo.** St. **N.P.** Ward **Springfield, Mo.**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. **2** mos. **26** 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 **Lelia Beckerleg.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 8, 1875**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<b>58</b>	<b>10</b>	<b>6</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Loco. Engr.**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Railroad**  
10. Date deceased last worked at this occupation (month and year) **7-34** 11. Total time (years) spent in this occupation **36**

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

13. NAME **John Beckerleg.**

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

15. MAIDEN NAME **Retta Waite**

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

17. INFORMANT (ADDRESS) **Brother W.B. Bechleg, Springfield, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Springfield, Mo.** DATE **6-18** 1924

19. UNDERTAKER (ADDRESS) **Albert W. Hays, 129 N. Euclid, Springfield, Mo.**

20. FILED **17** 1924 **G. Brebeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June - 14, 1934**

22. I HEREBY CERTIFY That I attended deceased from **3-18**, 19**34**, to **6-14**, 19**34**

I last saw him alive on **6-14**, 19**34** Death is said to have occurred on the date stated above, at **2:10 P.M.**

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

**Carcinoma bladder** Date of onset **5-13**  
**51**  
Other contributory causes of importance: **0**

Name of operation **Cautery bladder** Date of **3-23-34**

What test confirmed diagnosis? **0** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
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. L. Macdonald, M. D.**  
(Address) **4960 Laclede, St. Louis, Mo.**

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.

M. 2004. 10. 11. 8

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