

SEP 25 1934

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis Registration District No. 284 File No. 30619
Township St. Ferdinand Primary Registration District No. 6030 Registered No. 176
City Riverside Gardens Hobling & No. Gate ave St. _____ Ward) _____

2. FULL NAME

Ruth Beckring
(a) Residence, No. Hobling & No. Gate St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Beckring

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 4 10 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Pinkneyville, Ill

13. NAME William Mary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shanley, Ill

15. MAIDEN NAME Elizabeth Free

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pinkneyville, Ill

17. INFORMANT Mr. Fred Beckring
(ADDRESS) Riverside Gardens

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove cemetery DATE Aug 22, 1934

19. UNDERTAKER L. B. T. Ammer
(ADDRESS) 6107 1/2 casual bridge Rd

20. FILED Aug 21, 1934 M. E. Zettler
Registrar.

12 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/20/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8am.
The principal cause of death and related causes of importance were as follows:

Chr. pleural adhesions, bilateral.
Chr. adhesive pericardites. Myocardites. Chr. and valvulites and aortites. Acute gastrites and enterites, due to caustic substance.

Other contributory causes of importance:
Pedunculated uterine fibroid. Cystic ovaries, bilateral. Lacerated cervix and endocervicitis.

Name of operation autopsy Date of _____ yes
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury _____, 19____.
Where did injury occur? at home. (Specify city or town, county, and State)

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

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Sub B. Turner
(Address) 3718 Jennings, Rd.,
Lawson, Mo., Mo.

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.

Secondary; Phenol poisoning.

Patient swallowed carbolic acid with suicidal intent, at her home, Habeking and North Gate, (Riverview gardens) St. Louis County, Mo. Was found there by her neighbor, in the yard, at 8 A.M. 8/20/34.