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

Do not use this space.

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OCT 11 1934

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1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8080

City St. Louis (No. 508 Calvary Ave St. ..... Ward)

2. FULL NAME Anna R. Beckham

(a) Residence, No. 508 Calvary Ave St., 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Beckman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.K. CA

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

FATHER

13. NAME ? Decker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) John W. Beckham 508 Calvary Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Johns DATE Aug. 10 1934

19. UNDERTAKER (ADDRESS) Math. Hermann Ng Son 2161 East Fair Ave

20. FILED SEP 8 1934 19 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Sept 8, 1934

I last saw her alive on Sept 8, 1934. Death is said to have occurred on the date stated above, at 1:00 A. m.

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

Myocarditis (chronic) — Date of onset 5

93C

Other contributory causes of importance:

cardiac asthma associated with myocarditis

Name of operation None Date of .....

What test confirmed diagnosis? Physical 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? .....

If so, specify no

(Signed) H. F. Miller, M. D.

(Address) 8410 N. Broadway

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.