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.

100M-11-24-33

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

NOV 22 1934

Do not use this space.

37205

1. PLACE OF DEATH

County St. Louis — Registration District No. 785 — File No.

Township Bonhomme — Primary Registration District No. ~~3037~~ 6031 — Registered No. 217

City ~~Orage Hills~~ (No. 48 Pontiac Trail St. Ward)

2. FULL NAME Charles H Beckers

(a) Residence, No. 48 Pontiac Trail St., Ward. R.R. Kirkwood
(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 M.

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 Katherine Beckers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1887

7. AGE YEARS 47 MONTHS 5 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Agt

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

FATHER

13. NAME Alex N. Beckers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Emily Block

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Katherine Beckers 48 Pontiac Trail

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 10-10-1934

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood

20. FILED Oct 8 1934 Agnes C Kelly Dept Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July - 7 - 1934, to Oct - 9 1934

I last saw him alive on Oct - 9 - 1934 Death is said to have occurred on the date stated above, at 12:15 P m.

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

Nephritis Chronic — Date of onset Aug. 33

131

730 / 31

Other contributory causes of importance:

Chronic Myocarditis — Apr. 34

Name of operation None Date of

What test confirmed diagnosis? Lab & Symptoms 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) Ralph E. Gastong, M. D.

(Address) 17 E. Lockwood Webster Groves Mo