

DEC 22 1934

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

Do not use this space.

40603

1. PLACE OF DEATH

County St. LouisRegistration District No. 77Township CentralPrimary Registration District No. 6033City Overland(No. 9517, Marlow Ave)

File No. _____

Registered No. 322

St. _____ Ward _____

2. FULL NAME Elizabeth Beckman(a) Residence, No. 9517 Marlow Ave. St. _____ Ward _____(Usual place of abode) Overland, Mo.

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward F Beckman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 1875

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

59 0 21

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. at home

10. Date deceased last worked at this occupation (month and year) 11/24/34 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Douglas Ill13. NAME Wm Marion14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Bridget Cannon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Edward F Beckman
9517 Marlow18. BURIAL, CREMATION, OR REMOVAL PLACE Yak Halla DATE Nov 28 193419. UNDERTAKER (ADDRESS) Baumann Bros and me
2504 Woodson Rd Overland20. FILED 11-27 19 34 St. Louis

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/25/ 19 34

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30PM

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

Acute alcoholism, with history of Chr. inebriety. From every evidence lost control of equilibrium while in bath room and fell into bath tub. In struggling

Other contributory causes of importance:

Name of operating physician _____ Date of _____
What test confirmed diagnosis? Autopsy 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 _____, 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 _____

(Signed) Edmund J. ... 11/26/34(Address) St. Louis, Mo.

Registered _____

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.

to get out of bath tub, her foot turned on hot water faucet and caused a large turkish towel hanging on the wrack above faucet to fall in tub, blocking some of the flow of the water. Being totally helpless from the adute alcoholism was unable to get out of the tub and by kicking with her feet, turned hot water faucet on, which scalded her body, causing more than half of the body area to have a second degree scald burn. Was found in the tub by her husband.

Autopsy revealed, absolutely no water in lungs. Did not drown. Died from alcoholism and scalding. Autopsy revealed fully distended stomach of alcohol.