

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1939

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 37895  
Registrar's No. 9734

Registration District No. 1 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Richard Beckwith  
8. (b) If veteran, name war no  
8. (c) Social Security No. NO

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife nil  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 4, 1936  
(Month) (Day) (Year)

8. AGE: Years 3 Months 2 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Butler Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business \_\_\_\_\_  
12. Name William Beckwith  
13. Birthplace Defiance, Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillian Fisher  
15. Birthplace Nantuckett, Mass  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature William Robert  
(b) Address 2609 Dekalb St.

17. (a) Burial (b) Date thereof Nov. 15, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul Cm.  
18. (a) Signature of funeral director Weick Bros. Und. Co.  
(b) Address 2201 S. Grand Bl.

19. (a) NOV 15 1939 (b) J. P. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2609 DeKalb St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13,  
year 1939 hour 5:35 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from November 12, 1939, to November 13, 1939  
that I last saw him alive on November 13, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Laryngeal Diphtheria  
Duration 2 days?  
Due to Klebs-Loeffler Bac.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature C. E. [Signature] (M. D. or other)  
Address 1515 Lafayette, 11/14/39  
Date signed

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Nancy Stewart*.....

Licensed Embalmer No. 3722.....

P. O. Address. 412 Duchouquette St.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**