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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25215

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1530

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural Gravois Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Glenwood Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 53

(c) City or town Lebanon (If outside city or town limits, write "RURAL")

(d) Street No. 225 Harwood Ave. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Laura Buckingham Beggs

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Charles H. Beggs

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 12 (Day) 1871 (Year)

8. AGE: Years 70 Months 77 Days 3 If less than one day hr. min.

9. Birthplace Orange (City, town, or county) New Jersey (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Buckingham
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Emily Ryan
15. Birthplace Washington (City, town, or county) D.C. (State or foreign country)

16. (a) Informant Mr Norman Beggs
(b) Address 35 E. Wacker Dr. Chicago Ills

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine CEM

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) JUL 17 1942 (Date received local registrar) (b) E. H. McDaurin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1942 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from Feb 12, 1942, to July 15, 1942 that I last saw her alive on July 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to Arteriosclerosis

Due to

Other conditions Hypertension, diabetes and senile psychosis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 61

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Edward G. Canepa (M. D. or other)
Address 1300 Grant Rd, St Louis Co. Date signed 7/15/42

707 B.C. (Licensed Embalmer's Statement on Reverse Side)

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 Neville D. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive 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, fact should be so stated above.