

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8076

State File No. _____
Registrar's No. 2960

FILED APR 3 1948
Registration District No. 318

Primary Registration District No. 600

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Louis Maternity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Infant Beckham
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 28 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 14 hr. _____ min.

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name Claude Lowell Beckham
13. Birthplace Arlington Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Geraldine Harriet Wood
15. Birthplace Springfield Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis Maternity Hospital
(b) Address 630 S. Kingshighway
17. (a) Burial (b) Date thereof 3 29 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 North Grand Blvd
19. (a) MAR 20 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600 17 9
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 2619 1/2 St. Louis Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1943 hour 7: minute 00 P. M.
21. I hereby certify that I attended the deceased from March 28,
1943 to March 28, 1943
that I last saw him alive on March 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia
Due to Two loops of cord around neck.
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1/6/48

Major findings: Of operations _____
Of autopsy nothing significant
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) (e) Means of injury _____
23. Signature J. W. Treacy (M. D. or other) J. W.
Address 630 South Kingshighway 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.

No Embalming

Signed *Fred Frick*

Licensed Embalmer No. *3186*

P. O. Address *St. Louis Mo*

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.