

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1712

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4102 Westminster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis 919
(d) Street No. 4102 Westminster
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Stewart Beggs
(b) If veteran, name war None
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 21
year 1944 hour 7:00 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Beggs
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased February 2 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 15 1944 to Feb 20 1944
that I last saw him alive on Feb 20 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 0 19 hr. min.

Immediate cause of death Cerebral apoplexy
Duration 2 days
Due to Progressive muscular Dystrophy

9. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)
10. Usual occupation Carpenter

Other conditions Progressive muscular Dystrophy
(include pregnancy within 6 months of death)
Major findings: Of operations PHYSICIAN
Of autopsy Underline the cause to which death should be charged statistically.

11. Industry or business Texas Bacon
12. Name Thomas Beggs Ireland 4
13. Birthplace Unknown Ireland 4
14. Maiden name Lettie Boyd
15. Birthplace Unknown Ireland 4

16. (a) Informant Alice Beggs
(b) Address 4102 Westminster

17. (a) Removal (b) Date thereof 2-23-44
(c) Place: burial or cremation Coulterville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) Feb 21 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence 0
(c) Where did injury occur? (City or town) (County) (State) 0
(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 0
23. Signature Jay H. Lamb M.D. (M. D. or other)
Address 4064 Olive Date signed Feb 21-44

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

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

W W Wilkinson

Licensed Embalmer No. *3575*

P. O. Address.....

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.