

FILED JAN 16 1945
318

State File No. _____
Registrar's No. 59

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County..... St. Louis
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 209 A.W. Schirmer
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Beckley

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 Single

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

7. Birth date of deceased..... March 11 1883
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 22 If less than one day
hr. min.

9. Birthplace St. Louis Mo. 17
(City, town, or county) (State or foreign country)

10. Usual occupation Housegirl

11. Industry or business.....

12. Name of father William Beckley

13. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Forsythe
15. Birthplace St. Louis Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Beckley

(b) Address 209 W. Schirmer

17. (a) Burial (b) Date thereof Jan. 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7314 S. Broadway

19. (a) JAN 4 1945 (Date received local registrar) J. J. Bresch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1945 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from
Oct. 30, 1944 to Jan. 3, 1945
that I last saw her alive on 1-2-1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic nephritis
Duration: Indefinite

Due to.....
Due to.....

Other conditions: 131
(Include pregnancy within 3 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?

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

23. Signature D. S. Smith (M. D. or other) _____
Address 6006 Virginia Ave Date signed 1-3-45

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

MOTHER FATHER

Dr. Prueitt

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 *Harry J. Schumacher*
Licensed Embalmer No. *2679*
P. O. Address *722 Zimay Street*

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.