V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21663

Registration District No. 318 — Primary Registration District No. 1005 — Registrar's No. 6139

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6505 Minnesota
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 6505 Minnesota
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank J. Beckley
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 493-09-2247
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased September (Month) 28 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
52	9	15	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Supervisor
11. Industry or business Century Electric Co.

FATHER
12. Name William Beckley
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Katherine Forsythe
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Viola Beckley
(b) Address 6505 Minnesota
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive
18. (c) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.
19. (a) JUL 16 1945 (Date received local registrar) J. Meeder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1945 hour 8.30 minute P. M.
21. I hereby certify that I attended the deceased from July 11 1945 to July 13 1945 that I last saw him alive on July 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Lobar Pneumonia
Due to 3 days
Due to
Other conditions (Include pregnancy within 3 months of death) 108
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. Pruett (M. D. or other)
Address 6006 Va. Ave. Date signed 7-16-45

(Licensed Embalmer's Statement on Reverse Side)

Sunday 3 PM at office
8 30 A M Res

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 George N. Archambault, Registered Apprentice No. XXXXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.