

No. 300  
A-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2257

State File No. 767

FILED FEB 9 1948 318

Registration District No. Primary Registration District No. Registrar's No.

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

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:  
2635 Park Av.  
(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)

3. (a) PRINT FULL NAME ANNA BECKWITH  
3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex FE 5. Color or race W.  
6. (a) Single, widowed, married, divorced W. 2  
6. (b) Name of husband or wife OTTO BECKWITH 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased NOV. 26 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 1 28 hr. min.

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business.....

MOTHER FATHER

12. Name CULBERTSON  
13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name GIBSON  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Beckwith  
(b) Address 2635 Park Av

17. (a) BURIAL (b) Date thereof Jan 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New St Marcella

18. (a) Signature of funeral director E. J. Schuur  
(b) Address 3125 Lafayette Av

19. (a) JAN 26 1948 (Date received local registrar) Registrar's signature J. P. Breda

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County oav  
(c) City or town ST. LOUIS 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2635 PARK AV. 9  
22 (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 24  
year 1948 hour 12 minute 35 P.M.  
21. I hereby certify that I attended the deceased from Jan 24 to Jan 24 1948  
that I last saw her alive on Jan 24 and that death occurred on the date and hour stated above. 1948

Immediate cause of death Ca of liver  
Due to.....  
Due to.....

Other conditions (include pregnancy within 3 months of death) None

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?  
While at work?..... (Specify type of place) (e) Means of injury 0  
23. Signature J. P. Breda (M. D. or other) Address 2253 North Date signed 1/27/48

---

---

**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

*Joseph B. Hollmer*

Licensed Embalmer No. *4014*

P. O. Address

*3125 Lafayette 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.**