

No. 300  
1-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14834**  
Registrar's No. **99.6**

**FILED APR 30 1948**  
Registration District No. **377**

Primary Registration District No. **3063**

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

**1. PLACE OF DEATH:**

(a) County St. Louis County  
 (b) City or town CLAYTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis County Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 DAY (Specify whether  
 In this community 22 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis Co.  
 (c) City or town CLAYTON (If outside city or town limits, write "RURAL") 96  
 (d) Street No. CLAYTON + LINDBERGH (If rural, give location)  
 (e) Citizen of foreign country? F (Yes or No) 3  
 If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** TOM BECKLEY  
 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 DIVORCED  
 6. (b) Name of husband or wife MIGNON 6. (c) Age of husband or wife if alive 40 years  
 7. Birth date of deceased JULY 26 1899  
 (Month) (Day) (Year)

**8. AGE:** Years 48 Months 8 Days 22 If less than one day hr. min.

9. Birthplace JEFFERSON CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business KING BROS. MOTEL

12. Name TOM BECKLEY

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name JANE CLOVER

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant HOSPITAL RECORD

(b) Address St. Louis County Hospital

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (Burial, cremation, or removal)

(c) Place: burial or cremation Mt Hope

18. (a) Signature of funeral director J. M. McLaughlin

(b) Address 2301 Lafayette

19. (a) 4-19-48 (b) Beckley (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 18  
 year 1948 hour 10 minute 05 A.M.  
 21. I hereby certify that I attended the deceased from APRIL 17, 1948, to APRIL 18, 1948,  
 that I last saw him alive on APRIL 18, 1948,  
 and that death occurred on the date and hour stated above.

Immediate cause of death FATTY METAMORPHOSIS OF LIVER  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to 1250

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy Fatty metamorphosis of liver + kidneys; coronary atherosclerosis  
 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 A. W. Little (M. D. or other) \_\_\_\_\_  
 Address 601 BRENTWOOD BLVD Date signed 4-19-48

MAY 3 1964

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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.

Signed C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

**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.**