FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 13 1948

Registration District No. 517

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 24975

Registrar's No. 1798

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home and Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs 1 mo 13 days (Specify whether years, months or days)
In this community 4 years 1 mo. and 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 96
(c) City or town: MANCHESTER 3
(If outside city or town limits, write "RURAL") 0
(d) Street No.: MANCHESTER RD.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lena Beckfold
3. (b) If veteran, name war: NONE
3. (c) Social Security No.: NONE

4. Sex: female 1
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed 2
6. (b) Name of husband or wife: LATE LOUIS
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: JANUARY (Month) 14 (Day) 1856 (Year)

8. AGE: Years 92 Months 6 Days 10 If less than one day hr. min.

9. Birthplace: ST. LOUIS (City, town, or county) MO (State or foreign country) 0
10. Usual occupation: HOUSEWORK
11. Industry or business:

MOTHER FATHER
12. Name: JOHN WIEDMANN
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country) 0
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country) 0

16. (a) Informant: HARRY A. BECKFOLD
(b) Address: 6067 HARTFORD ST.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 7-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: BELLEFONTAINE CEM.
18. (a) Signature of funeral director: KRIEGSHAUSER
(b) Address: 4448 S. KINGSHIGHWAY
19. (a) 7-26-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1948 hour 9:15 minute A.M.
21. I hereby certify that I attended the deceased from Feb 3, 1946, to July 24, 1948, that I last saw him alive on July 22, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac failure — sudden
Due to: Chr. myocarditis
Due to: Senile arteriosclerosis
Due to: 93 d.

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause of 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: R H Denny (M. D. or other) MD
Address: Creve Coeur, Mo. Date signed: 7-24-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 0 1948

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 Richard W. Stoveseand

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.