

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28005

State File No. 7541

FILED SEP 12 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) \_\_\_\_\_  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo.  
b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN Dr. Louis  
d. STREET ADDRESS 3224 Montgomery

3. NAME OF DECEASED  
a. (First) Robert  
b. (Middle) Lee  
c. (Last) Beckles  
4. DATE OF DEATH (Month) 8 (Day) 17 (Year) 1949

5. SEX Male  
6. COLOR OR RACE White  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single  
8. DATE OF BIRTH 11 JAN 1897  
9. AGE (Years) 52 (Months) \_\_\_\_\_ (Days) \_\_\_\_\_  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk  
10b. KIND OF BUSINESS OR INDUSTRY Clerk  
11. BIRTHPLACE (State or foreign country) Mo. 71  
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Metc  
13b. MOTHER'S MAIDEN NAME Cook  
14. NAME OF HUSBAND OR WIFE W. M. A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, state year or date of service) No  
16. SOCIAL SECURITY NO. WK  
17. INFORMANT'S SIGNATURE OR NAME Patrick C. Caplan  
ADDRESS 1300 Clark

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Labor Pneumonia  
DUE TO (c) W. M. A.

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_  
21c. (CITY, TOWN, OR TOWNSHIP) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (STATE) 108

21d. TIME OF INJURY (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Hour) \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? 490X

22. I hereby certify that I attended the deceased from 1:30, to \_\_\_\_\_, 19 \_\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19 \_\_\_\_\_ and that death occurred at 4:00, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) \_\_\_\_\_  
23b. ADDRESS 1300 Clark  
23c. DATE SIGNED 8/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_  
24b. DATE AUG 31 1949  
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board  
24d. LOCATION (City, town, or county) \_\_\_\_\_ (State) \_\_\_\_\_

DATE REC'D BY LOCAL REG. AUG 31 1949  
REGISTRAR'S SIGNATURE J. B. Sasater  
25. FURER AND MORTUARY SERVICE INC. 4104 Manchester Ave. St. Louis 10, Mo.

12  
13/2

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

11

35.11

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph W. Henson.....

Licensed Embalmer No. 3791.....

P. O. Address St. Louis, MO.....

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.