

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21363
5451

State File No.

FILED JUL 7 1950

5. No. 300
v. 10.48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brentwood</u>		<u>4511</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8823 Lawn Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Beckley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 14, 1895</u>	
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sec. Treas.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elwood Lbr. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Mo.</u>	
11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Robert Henry Beckley Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Martin</u>	
13a. FATHER'S NAME <u>Robert Henry Beckley Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Edith Roth</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-10-7235</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward W. Roth, 7335 Hoover R. H. Mo.</u>		ADDRESS <u>R. H. Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma - Trachea</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized metastatic carcinoma</u> DUE TO (c) <u>fracture of hip</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pathological</u> INTERVAL BETWEEN ONSET AND DEATH <u>6-10-50</u>			
19a. DATE OF OPERATION <u>1/4</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>162 XF</u>			
22. I hereby certify that I attended the deceased from <u>5-5, 1950</u> , to <u>June 20, 1950</u> , that I last saw the deceased alive on <u>June 20, 1950</u> , and that death occurred at <u>11:59 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Louis J. Howe M. D.</u>				23b. ADDRESS <u>2514 Brentwood</u>		23c. DATE SIGNED <u>6/21/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 22, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUN 23 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary, 6633 Clayton Rd.</u>			

WRITE PLAINLY - USING UNFADING INK - MAKE A PERMANENT RECORD

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 *Ernest W. Spillers*.....

Licensed Embalmer No. *4080*.....

P. O. Address.....

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.