

FILED JUN 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. **21365**
Registrar's No. **5452**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY. (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2227**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital** e. STREET ADDRESS (If rural, give location) **2227 2603a Chouteau Avenue**

3. NAME OF DECEASED a. (First) **Alfreda** b. (Middle) **Jerry** c. (Last) **Beckum** 4. DATE OF DEATH (Month) (Day) (Year) **June 19 1950**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married (separated)** 8. DATE OF BIRTH **10/1/01** 9. AGE (In years last birthday) **48** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Mississippi** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **William Anderson** 13b. MOTHER'S MAIDEN NAME **Rosie Bias** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME. ADDRESS **Bessie Allen 2306a Chouteau Ave.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Paralytic Ileus due to**
ANTECEDENT CAUSES DUE TO (b) **Peritonitis**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **Undet.**

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **5701**

22. I hereby certify that I attended the deceased from **5-17**, 19**50**, to **6-19**, 19**50**, that I last saw the deceased alive on **6-19**, 19**50**, and that death occurred at **10 p** m., from the causes and on the date stated above.

23a. SIGNATURE **Wm. L. Wiley M. D.** (Degree or title) 23b. ADDRESS **2601 N Whittier St** 23c. DATE SIGNED **6-21-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **6/23/50** 24c. NAME OF CEMETERY OR CREMATORY **Local** 24d. LOCATION (City, town, or county) (State) **Starkville, Mississippi**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **J. B. Foster** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Russell Und., Co. 2732 Pine Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Clark Young

Licensed Embalmer No. 3321

P. O. Address St. Louis

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.