

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19174**
Registrar's No. **5089**

FILED JUN 4 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN St. Louis		a. STATE Missouri	b. COUNTY 2129
c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Hosp. #1		e. STREET ADDRESS (If rural, give location) 3 2004 Knox	

3. NAME OF DECEASED (Type or Print)	a. (First) RUTH	b. (Middle) ANN	c. (Last) BECKWITH	4. DATE OF DEATH (Month) (Day) (Year) May 18 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 8 1918	9. AGE (In years) (Last birthday) 34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo 0	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ole Olsen	13b. MOTHER'S MAIDEN NAME Anna Dahner	14. NAME OF HUSBAND OR WIFE Thomas Beckwith
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Thomas Beckwith	ADDRESS 2004 Knox
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured spleen Pericarditis		
* ANTECEDENT CAUSES Fr of ribs; Atelectasis left lung			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last car operated by Raymond Rowald Jr. which deceased was a			
II. OTHER SIGNIFICANT CONDITIONS road sign and car operated by one			
Conditions contributing to the death but not related to the disease or condition causing death loading at intersection of			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION St. Ann's Ave + Braman Ave	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 15 5:15 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E8164

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 11:5A m., from the causes and on the date stated above. **26**

23a. SIGNATURE (In full or title) Patrick E. Taylor Coroner	23b. ADDRESS 31300 Clark	23c. DATE SIGNED 5.20.53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 22 53	24c. NAME OF CEMETERY OR CREMATORY New St Marcus	24d. LOCATION (City, town, or county) (State) St. Louis Cty Mo
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DATE REC'D BY LOCAL REG. MAY 20 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur	ADDRESS 3125 Lafayette
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M&B (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No.

P. O. Address 3925 29.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.