WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 24297

Registered No. 75

1. PLACE OF DEATH

County: St Louis — Registration District No. 788

Township: Central — Primary Registration District No. 4471

City: Webster Groves (No. 633 Mildred St. Ward)

2. FULL NAME: August Beckard

(a) Residence, No. 633 Mildred ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., if of foreign birth? 67 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louisa H Beckard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 24 - 1850

7. AGE: Years 83 — Months 5 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building

10. Date deceased last worked at this occupation (month and year): 1918

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bremen Germany

FATHER

13. NAME: Henry Beckard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Elizabeth althof

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Walter Beckard 633 Mildred Webster Groves

18. BURIAL, CREMATION, OR REMOVAL

PLACE: St Johns DATE: Aug 2, 1933

19. UNDERTAKER (ADDRESS): Parker Loyd Co Webster Groves

20. FILED: 8-1, 1933 — D. A. W. Westing, Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/31 -1:30PM 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic,	
Arterio sclerosis chronic, generalized.	
94A 93C 94B	

Other contributory causes of importance:

Angina pectoris, Chronic coronary sclerosis, Extreme senility.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Luke L. Tierney, M. D.

(Address) 3718 Jennings Rd.

Coroner St Louis Co Mo 8/1/33