

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.

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

Do not use this space.

MAR 17 1936

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis* (No. 1845 214 A)

File No. 12594  
Registered No. 2627  
St. Ward)

2. FULL NAME

(a) Residence, No. *1845 214 A* St. *23* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *male*

4. COLOR OR RACE *white*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-9 1936*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Margaret Beckerle*

22. I HEREBY CERTIFY, That I attended deceased from *FEB 1 1936 to Mar 9 1936*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 14 - 93*

I last saw him alive on *Mar 9 1936* Death is said to have occurred on the date stated above, at *6:30 a.m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *42 6 25*

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

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

*Coronary Embolism*

9. Industry or business in which work was done, as silk-mill, saw mill, bank, etc. *unskilled*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:

*Chronic Gastritis*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

13. NAME *Joseph Beckerle*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

15. MAIDEN NAME *Nettie Welch*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alabama*

17. INFORMANT (ADDRESS) *Nettie Welch 1845 214 A*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Funeral Home* DATE *Mar. 11 1936*

19. UNDERTAKER (ADDRESS) *Wm. C. Moydell 1926*

20. FILED *MAR 9 1936* *J. F. Bredeck* Registrar.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) *Arthur H. Jernigan*, M. D.

(Address) *1845 214 A*

