

REC'D JUN 9 1938

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

16711
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** St.
Life (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Delany Beckley 240
(a) Residence, No. **2622 Walnut** St. **22** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX F | 4. COLOR OR RACE C | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 13, 1911 | | |
| 7. AGE | YEARS 26 | MONTHS 8 |
| | | DAYS 3 |
| | | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house work | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis - Missouri | | |
| FATHER | 13. NAME John Berry | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi | |
| MOTHER | 15. MAIDEN NAME Clara ? | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri | |
| 17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 5-19-1938 | | |
| 19. FUNERAL DIRECTOR Boyd Bros. (ADDRESS) Stange & Co. Kinloch, Mo. | | |
| 20. FILED MAY 19 1938 J. D. Beckley Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 16** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **April 26** 19 **38** to **May 16** 19 **38**

I last saw her alive on **May 16** 19 **38** Death is said to have occurred on the date stated above, at **7:45a.m.**

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

Tuberculous peritonitis and enteritis

Pulmonary tuberculosis

Other contributory causes of importance: *J.S.*

Name of operation Date of
What test confirmed diagnosis? **clinical** 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 *J. D. Beckley* M. D.
(Signed) (Address) **2601 N Whittier**

Date of onset
4/26/38

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.

STATEMENT BY LICENSED EMBALMER

Louis V. Atkins

Licensed Embalmer No. *2842*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Louis V. Atkins

Licensed Embalmer No. *2842*

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.)