

JAN 20 1940 791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: **ICU** **JAN 12 1940**
 (a) County _____
 (b) City or town **St. Louis**
 (c) Name of hospital or institution: **Josephine Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **1**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL") **17**
 (d) Street No. **2020 So. Spring Avenue**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Stillborn Beckham** **250**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 17, 1939**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Stillborn hr. min.

9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

12. Name **Oscar Beckham**

13. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

14. Maiden name **Eva Perry**

15. Birthplace **Supulpa Oklahoma**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Oscar Beckham**

(b) Address **2020 So. Spring Avenue**

17. (a) **Burial** (b) Date thereof **Dec. 18, 1939**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. James, Missouri**

18. (a) Signature of funeral director **Wm J. Robert**

(b) Address **1905 So. Grand Blvd.**

19. (a) **DEC 18 1939** (Date of death) (b) **J. J. Beckham** (Embalmer's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **17** year **1939** hour **3** minute **55** A.M.

21. I hereby certify that I attended the deceased from **Dec 17, 1939**, to **Dec 17, 1939** that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
 Due to **Stillborn**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **John A. Jisant M.D.** (M. D. or other)
 Address **3902 Russell** Date signed **12-17-39**

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.

10783

10783

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.....

not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.