

Registration District No.

701
FILED MAR 12 1940

Primary Registration District No.

Registrar's No.

1635

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: 1019a S. 13th St.
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution 24 yrs
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Mary Ellen Beckum8. (b) If veteran, name war No 8. (c) Social Security No. None4. Sex F 5. Color of race W 6. (a) Single, widowed, married, divorced W6. (b) Name of husband or wife Alonzo 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased March 22, 1849
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
90 10 24 hr. min9. Birthplace Tennessee
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Wiley Williams
18. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Mary Arnold
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)16. (a) Informant's own signature _____
(b) Address 1019a S. 13th St.17. (a) Burial (b) Date thereof 2/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.18. (a) Signature of funeral director P. W. McLaughlin
(b) Address 2301 Lafayette Ave19. (a) FEB 17 1940 (b) J. D. Brudick
(Date signed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1019a S. 13th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1940 hour 9 minute 50 P. M.21. I hereby certify that I attended the deceased from Jan 21
_____, 1940 to Feb 16, 1940
that I last saw her alive on Feb 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis several yearsDue to Hypertension
arteriosclerosis

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

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)
Means of injury _____23. Signature J. D. Riegelmeier (M. D. or other)
Address 1734 Chestnut Date signed 2/17/40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Paul A. Keith*

Licensed Embalmer No. *36121*

P. O. Address *3317 Lafayette*

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.