

3-13-40
7-5-17-39
X23159

FILLED NOV 4 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8187

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)
In this community _____
years, months or days

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. 4057a Russell Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

000
17
1017

3. (a) PRINT FULL NAME Mary Beckham

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 28 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>5</u>	<u>15</u>	hr. _____ min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Ferling

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Athlyn Jones

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Madeline Kindell

(b) Address 4067a Shaw Ave.

17. (a) Burial (b) Date thereof 10/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 14 1941 (b) J. J. Medek
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13,
year 1941 hour 4:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from October 9, 19 41 to October 13, 19 41; that I last saw h. er alive on October 13, 19 41; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Intestinal Obstruction

Due to 570

Due to 570

Other conditions (Include pregnancy within 5 months of death)
Intestinal tumor

Major findings: unknown as to malignancy
Of operations _____
Of autopsy not done

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) (e) Means of injury _____

23. Signature J. J. Medek (M. D. or other) _____
Address 2515 Lafayette Avenue Date signed 10/14/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
7
9

NOV 3 1940

JAN 2 1947

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..... *Albert G. Hays*

Licensed Embalmer No..... *2971*

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, fact should be so stated above.