

FILED DEC 1 1942
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9742**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(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: **Desloge Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **21 days**
In this community **Unknown**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **169**
(d) Street No. **3949 Juniata St.**
(If rural, give location)
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Nellie Beckett**

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 **Widowed**

6. (b) Name of husband or wife **Benjamin Beckett** 6. (c) Age of husband or wife if alive, years **1**

7. Birth date of deceased **August 1, 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	3	18	hr. min.

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

10. Usual occupation **Home**

11. Industry or business **--**

12. Name **William McDougall**

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

14. Maiden name **Agnes Reed**

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

16. (a) Informant **Mrs. N. Fuerst**

(b) Address **3949 Juniata**

17. (a) **Burial** (b) Date thereof **11 23 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthew's Cem.**

18. (a) Signature of funeral director **Wacker-Kildee Road Co.**

(b) Address **3634 Grewo is Avenue**

19. (a) **NOV 22 1942** (b) **J. F. Bredeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **19**
year **1942** hour **10** minute **00** A.M.

21. I hereby certify that I attended the deceased from **April 21**, 1942 to **Nov. 19**, 1942;
that I last saw her alive on **Nov. 18**, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Arterio sclerotic cardiac-vascular disease with hypertension uncertain**

Due to **101**

Other conditions **Diabetes mellitus** **39** uncertain
(Include pregnancy within 3 months of death)

Major findings:
Of operations **39**
Of autopsy **39**

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 **Orlajn J. Huber** (M. D. or other)
Address **634 N. Grand** Date signed **11-20-42**

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

MOTHER FATHER

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.....

Frank J. O'Hara, Sr.

Licensed Embalmer No.....

P. O. Address.....

*2645
St. Louis Mo*

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.