

S. No. 2
M-5-42
5-17-39
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35171
State File No. 9206
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (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. 161 St. George St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lillian Beckwith
3. (b) If veteran, name war. no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 2
year 1942 hour 1 minute 35 P. M.
21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Beckwith 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased December 19, 1904
(Month) (Day) (Year)

that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death: 120 and 300 Degree Burns of Duration
about 50% of body suffered when
deceased was standing near
heating stove in her home
and clothing became ignited
on October 27-1942 about
3:30 pm. No damage to property
or contents of home
(Include pregnancy within 3 months of death)

8. AGE: Years 37 Months 10 Days 13 If less than one day
hr. _____ min. _____

9. Birthplace Nantucket Mass. 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name George Fisher
13. Birthplace New Bedford Mass. 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Carroll
15. Birthplace England 4
(City, town, or county) (State or foreign country)

Major findings: 100%
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. Beckwith
(b) Address 161 St. George St.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence Oct 27-1942
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)

17. (a) Burial (b) Date thereof Nov. 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter and Paul Cm.

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 11/4/42

19. (a) NOV 9 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

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

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

Wm. A. Stewart

Licensed Embalmer No. 3722.....

P. O. Address. 412 Duchouquette st......

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.