7. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25029

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6759

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: St Mary's Inf. 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 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4622 Kennerly Ave 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia Beckwith

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 28 (Day) 1888 (Year)

8. AGE: Years 57 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace Coahoma (City, town, or county) Miss! (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Austin Richardson
13. Birthplace Little Rock (City, town, or county) Ark! (State or foreign country)

MOTHER
14. Maiden name Margaretta Roselyn
15. Birthplace Coahoma (City, town, or county) Miss.! (State or foreign country)

16. (a) Informant Ernest Beckwith
(b) Address 4622 Kennerly Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof AUG 2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Coahoma Miss.

18. (a) Signature of funeral director Peoples Und. Co.
(b) Address 3100 Franklin Ave

19. (a) AUG 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1946 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-27-46, 19..., to 7-31, 1946 that I last saw he alive on 7/31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Thrombosis 12 hrs
Due to Operation
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Incisional Hernia
Of autopsy

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

23. Signature William H. Dubben M.D. (M. D. or other)
Address 4503 Page Date signed 8/1/46

(Licensed Embalmer's Statement on Reverse Side)

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 JM

; Registered Apprentice No.

working under my personal supervision.

Signed Ben. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ill

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.