No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32316

Primary Registration District No. 1003

Registrar's No. 2424

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 Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town De Soto
(If outside city or town limits, write "RURAL")

(d) Street No. N.P.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William David Beckham

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addie Beckham

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased September (Month) 1 (Day) 1881 (Year)

8. AGE: Years 66 Months 0 Days 0 If less than one day hr. min.

9. Birthplace St. James (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Andrew Beckham

13. Birthplace St. James (City, town, or county) Missouri (State or foreign country)

14. Maiden name Amanda Robinson

15. Birthplace St. James (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Addie Beckham

(b) Address De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation De Soto, Mo.

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

(b) Address 4700 Washington Blvd.

19. (a) SEP 4 1947 (Date received local registrar) (b) J. F. Bieberich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1947 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from Aug. 30, 1947 to Sept 1, 1947 and that death occurred on the date and hour stated above.

that I last saw h. alive on Aug 31, 1947

	Duration
Immediate cause of death Small Round Cell Carcinoma of Right Orbit	
Due to Metastasis into brain	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Small Round Cell Carcinoma of Right Orbit
Of autopsy None.

PHYSICIAN

Underline the cause of 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 [illegible] (M. D. or other)

Address 634 Grand Blvd. Date signed 9/4/47

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

Jefferson City Printing Co.

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

Signed.....

Licensed Embalmer No.....3575

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.