

FILED AUG 2-1955

STANDARD CERTIFICATE OF DEATH

23451
State File No. 6275

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute to City Hospital** 9 STREET ADDRESS (If rural, give location) **4328 Blair** 20490

3. NAME OF DECEASED (Type or Print) a. (First) **JESS** b. (Middle) _____ c. (Last) **BECKLEY** 4. DATE OF DEATH (Month) (Day) (Year) **7 18 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **9-9-1893** 9. AGE (In years last birthday) **61** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Mill Wright** 11. BIRTHPLACE (City and State or Foreign Country) **Desota, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Alfred Beckley** 13b. MOTHER'S MAIDEN NAME **Mollie Kyle** 14. NAME OF HUSBAND OR WIFE **Marie Beckley**

15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Marie Beckley, 4328 Blair, St. Louis** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Right Coronary Artery Occlusion;** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Generalized and** DUE TO (c) **Coronary Artery**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **Sclerosis** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **4201**

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred **1245** m., from the causes and on the date stated above.

23a. SIGNATURE **Patrick C. Taylor Carver** (Degree or title) _____ 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **7-20-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7-21-1955** 24c. NAME OF CEMETERY OR CREMATORY **St. Matthews Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Missouri**

DATE REC'D BY LOCAL REG. **JUL 20 1955** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **McLaughlin F.H., Inc., 2301 Lafayette** ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *A. Y. Farris*.....

Licensed Embalmer No. *330*.....

P. O. Address *A. Lac*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.