

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

20290
Do not use this space.

REC'D JUL 12 1938

791
1003

Registered No. **5429**

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis (d) Street No. City Hospital St.
 (e) Length of residence in city or town where death occurred 48 yrs. 8 mos. 8 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Herman Beckering

(a) Residence, No. 3507 N. Broadway St. 26 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIDOWED~~ ~~DIVORCED~~
 HUSBAND OF (OR) Emma Beckering

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sheet Metal Worker
 9. Industry or business in which work was done, as saw mill, bank, etc. Stamping Co.
 10. Date deceased last worked at this occupation (month and year) June 1935 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Beckering

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Marie Lummer

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Emma Beckering (ADDRESS) 3507 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE June 17, 1938

19. FUNERAL DIRECTOR Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.

20. FILED JUN 16 1938 19 J. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 9:50 P.M.

The principal cause of death and related causes of importance were as follows:

Ruptured Psoas Abscess from an old fracture of left Acetabulum. Date of onset
CAUSE UNDETERMINED

Other contributory causes of importance:
26

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide open Date of injury unk, 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Secalor
 Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify Joseph M. Quinn M.D.

(Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Ralph H. Suedmeyer, Licensed Embalmer No. 2562
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Ralph H. Suedmeyer
Licensed Embalmer No. 2562

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.)