

REC'D MAR 13 1939

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

4615
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis Mo.** (d) Street No. **DePaul Hospital** Registered No. **1308**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Amelia M Beckman**

(a) Residence, No. **Forma Co.** St. **NR** **Herman Miss**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William A. Beckman**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 5, 1871**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 0 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Illinois**

13. NAME **Chas. Spoehr**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Margaret Waven**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Unknown**

17. INFORMANT **William A. Beckman**
(ADDRESS) **Herman Missouri**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Herman Mo.** DATE **Feb. 12, 1939**

19. FUNERAL DIRECTOR (NAME) **Albert H. Hoppe Inc.**
(ADDRESS) **4700 Washington Blvd.**

20. FILED **FEB 9 1939** **J. D. Budick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 8, 1939**

22. I HEREBY CERTIFY That I attended deceased from **Dec 13 1938** to **Feb. 8 1939**

I last saw her alive on **Feb. 8 1939** Death is said to have occurred on the date stated above, at **10:15 a.m.**

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

Carcinoma Recto-sigmoid (with perforation and general peritonitis (colon Bacillus))

Date of onset

1938

Other contributory causes of importance:

Chronic myocarditisName of operation **none** Date of _____What test confirmed diagnosis? **Autopsy** Was there an autopsy? **ya**

23. If death was due to **Internal causes (violence)**, fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify **Curett J. Javaux**, M. D.
(Signed) **607 N. Grand Ave.**
(Address)

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 *J. G. Sullivan*

Licensed Embalmer No. *1122*

P. O. Address *4704 Wash Blvd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.