

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 2
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3633 Dunnica Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Miss Alma Beckemeier 256

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 25, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	5	2	hr. min.

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

10. Usual occupation Household

11. Industry or business _____

12. Name August Beckemeier

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Schroeder

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Henrietta Beckemeier

(b) Address 3633 Dunnica

17. (a) Burial (b) Date thereof Nov. 30 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia

18. (a) Signature of funeral director Beidermiedy James A. Horn

(b) Address 1936 St. Louis Avenue

19. (a) NOV 28 1939 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
 (d) Street No. 3633 Dunnica
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
year 1939 hour 9:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from June, 1938
_____, 1938 to Nov 27, 1939
that I last saw him alive on 11-27, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation

Due to Hypertension

Due to Heart Failure

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature J. F. Budick (M. D. or other)

Address 3903 New Date signed 11-27-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

NOV 1 1939

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.

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.....

Philip J. Krupin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis

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, above space should be left blank.