DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3818

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 9

1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Richmond Heights.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1200 Woodland Drive.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 10 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,

(c) City or town Richmond Heights.
(If outside city or town limits, write "RURAL")

(d) Street No. 1200 Woodlamd Drive.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 56 Years. years.

3. (a) PRINT FULL NAME Anna Beckmann.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female.

5. Color or race White

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

6. (b) Name of husband or wife Henry F. Beckmann.

6. (c) Age of husband or wife if alive 59. years

7. Birth date of deceased Feb. 2, 1883. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	11	1	hr. min.

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

10. Usual occupation At Home.

11. Industry or business House Wife.

FATHER
12. Name Frederick Schneider.
13. Birthplace Germany. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophie Pauley.
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry F. Beckmann.
(b) Address 1200 Woodland Dr. Richmond Heights.

17. (a) Valhalla Crematory (Burial, cremation, or removal) (b) Date thereof Jan 3, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Math Hermann & Son.
(b) Address 2161 East Fair Ave.

19. (a) JAN 3 - 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd year 1940. hour 8 minute 30, A. M.

21. I hereby certify that I attended the deceased from July 1, 1939, to Jan 3rd, 1940, that I last saw her alive on Jan 3rd, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the rectum with metastasis in liver & lungs.	12 months
Due to Undetermined.	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy not made

PHYSICIAN — Underline the cause to 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 Frank J. Krebs (M. D. or other)
Address 3500 N Grand Blvd Date signed 1-3-40

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1942

JUL 11 1957

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 Leonard Hampton

Licensed Embalmer No. 2967

P. O. Address St. Louis, Mo.

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.