

Registration District No. **10**

Primary Registration District No. **10**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2606 University St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 63 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles R. Beckmann

3. (b) If veteran, name war Nil 8. (c) Social Security No. 492-05-0978

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

6. (b) Name of husband or wife Louise Beckmann 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. 14, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 11 17 hr. min.

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

10. Usual occupation Furniture Worker

11. Industry or business Furniture Factory

12. Name Carl Beckmann

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

14. Maiden name Louise Beer

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

16. (a) Informant Lo uise Beckmann
(b) Address 2606 University St.

17. (a) Burial (b) Date thereof Dec. 4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director J. H. Bueckert
(b) Address 3934 N. 20th., St.

19. (a) DEC 2 1940 (b) J. H. Bueckert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2606 University St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1940 hour 9:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 13, 1940 to Dec. 1, 1940,
that I last saw him alive on Dec. 1, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Maxillary Sinus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma, Anterior, Orbit
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Louis J. Birman (M. D. or other) _____
Address 1232 Missouri Theatre Bldg. Date signed 12/2/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Alfred J. Boedeker

Licensed Embalmer No. *2463*

P. O. Address *4204 Prairie*

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

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