

No. 2
1-4-41
5-17-39
X26300

Registration District No. **784**

Primary Registration District No. **200**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Bruno Av. & Creve Coeur trks.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **md Hpts**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**

(c) City or town **Overland**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Dewey Beckman**

3. (b) If veteran, name war _____

3. (c) Social Security No. **493-10-4615**

4. Sex **Male**

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: **1-7-2**
(Month) (Day) (Year)

8. AGE: Years **abt. 47** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Meriw County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **St. Louis Co. Water Co.**

12. Name **Wm. Beckman**

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

14. Maiden name **Therese Gubel**

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

16. (a) Informant **Mrs Wm Beckman**

(b) Address **Dixon, Mo.**

17. (a) **Burial** (b) Date thereof **7-4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dixon Mo**

18. (a) Signature of funeral director **Louis H. Bopp Inc.**

(b) Address **Kirkwood, Mo.**

19. (a) **JUL 2 1941** (b) **Wm Beckman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**
year **1941** hour **9:55** minute **P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **By being struck by a Creve Coeur street car.** Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **Yes.**

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) **Accident**

(b) Date of occurrence **June 29, 1941**

(c) Where did injury occur? **Bruno Av. & Creve C. Tr**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place.

23. Signature **Louis H. Bopp** (M.D. or other) _____
Address **Kirkwood, Mo. 6/30/41** Date signed _____

AUG 15 1941

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 John W. Meyer
Licensed Embalmer No. 3788
P. O. Address Wickwood, 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, fact should be so stated above.