

BUREAU OF THE CENSUS  
FILED MAY 19 1942 791

STANDARD CERTIFICATE OF DEATH

State File No. 12484  
4131

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 722 Lynch St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Edward W. Beckermann Sr.

3. (b) If veteran, name war No 3. (c) Social Security No. 494-03-5138

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

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

7. Birth date of deceased January 22 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 3 14 hr. min.

9. Birthplace Bacone Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator Operator

11. Industry or business Rice-Stix Dry Goods Co.

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edward Beckermann Jr.

(b) Address 5213 Langley

17. (a) Cremation (b) Date thereof 5/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Frank N. ...

(b) Address 3634 Gravois Ave.

19. (a) MAY 11 1942 (Date received local registrar's certificate) J. P. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 th. year 1942 hour 5:30 minute P. M.

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

Immediate cause of death Coronary Occlusion  
Arteriosclerosis

Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

Duration  
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?

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

23. Signature W. P. ... (M. D. or other) 3  
Address ... Date signed 5/11/42

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

613

1813

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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

*Robert Corbett*

Licensed Embalmer No.

*2178*

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, fact should be so stated above.**