

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19369

FILED JUL 13 1942 791

Primary Registration District No. 1003

Registrar's No. 5459

1. PLACE OF DEATH:

(a) County None
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
In this community Lifetime, 80 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Glendale
(If outside city or town limits, write "RURAL")
(d) Street No. #5 Trevillian Ave. Glendale
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Henry Charles Beckmann

3. (b) If veteran, name war None
3. (c) Social Security No. 499-12-4598

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased December 27, 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 26
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Real-Estate

12. Name William Beckmann
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name ELISE Freihaut
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Beckmann
(b) Address #5 Trevillian Ave. Glendale Mo

17. (a) Burial (b) Date thereof 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Chiffmeister & Co
(b) Address 6464 Chippeno St.

19. (a) JUN 25 1942 (Date received local Registrar)
J. P. Prudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1942 hour 8 minute a M.
21. I hereby certify that I attended the deceased from June 17, 1942 to June 23, 1942;
that I last saw him alive on June 22, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia terminal
arteriosclerosis general

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
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 Charles R. Judson (M. D. or other)
Address 3120 Washington Date signed 6-24-42

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

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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: *Edwin H. Leisinger*

Licensed Embalmer No. *4429*

P. O. Address *646 W. 11th St. S. Minneapolis, Minn.*

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.