DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28519

Registrar's No. 7744

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Josephine Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DEACESED:**

(a) State Missouri (b) County

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 4139 A. Lafayette Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME John Beckerle

3. (b) If veteran, name war

3. (c) Social Security No. 492-03-2381

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Magdalene Beckerle

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February (Month) 27th (Day) 1877 (Year)

8. AGE: Years 65 Months 6 Days 18 If less than one day hr. min.

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

10. Usual occupation Baker

11. Industry or business General Baking Co.

FATHER
12. Name Henry Beckerle
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant's own signature Magdalene Beckerle
(b) Address 4139 A. Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter&Paul Cem't

18. (a) Signature of funeral director Wm. J. Robert
(b) Address 1905 South Grand Blvd.

19. (a) SEP 1 - 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 15th year 1942 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Sept 14th, 19__, to Sept 15, 1942, that I last saw him alive on Sept 15, 1942, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Thrombosis | 1 day |
| Due to Cardio Vascular Disease | 3 |
| Due to — | |
| Other conditions None (Include pregnancy within 3 months of death) | |

Major findings:
Of operations None
Of autopsy None

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) None
(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? None (Specify type of place)
While at work? (e) Means of injury —

23. Signature Preston C. Hall (M. D. or other)
Address 3402 A Lafayette Date signed 9/16/42

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 8-17-39
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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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St Francis Me

**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.**