

FILED DEC 13 1943

Primary Registration District No. **1003**

Registrar's No. **10532**

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

1. PLACE OF DEATH:

(a) County St Louis mo
(b) City or town St Louis mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Booth Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 min
In this community 36 min 0
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 15
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4411 Chippewa ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Charles Edward Beckman

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 0 5. Color or race wt 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 11 29 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - - - - hr. 36 min.

9. Birthplace St Louis 0 mo
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Charles Herman Beckman

13. Birthplace St Louis 0 Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Segadin

15. Birthplace St Louis 0 Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Beckman

(b) Address 4411 Chippewa ave

17. (a) Burial (b) Date thereof 11-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Redeemer cemetery

18. (a) Signature of funeral director Kriegshauser mortuary

(b) Address 4228 So. Kingshighway Blvd

19. (a) DEC 1 1943 (b) J. J. Bruch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 4:54 AM
11/29, 1943, to 5:30 AM 11/29/43
that I last saw him alive on 11/29, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Premature 26 wk. Birth
Due to Splint rupture membrane
11/20/43

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 15
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 Victor L. Gould (M. D. or other) mo
Address 2813 W. Wilson Date signed 11/30/43

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.....

W. O. Embalming

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edwin D. McResnick

Licensed Embalmer No.....

3024

P. O. Address.....

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.