

FILED DEC 3 1943
Registration District No. 248

Primary Registration District No. 1003

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME JOSEPH BECKMANN

3. (b) If veteran, name war None 3. (c) Social Security No.

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

6. (b) Name of husband or wife Emma Beckmann 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 7th 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 11 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

12. Name William Beckmann

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

14. Maiden name May Dulle
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Rudolph Beckmann

(b) Address 5613 Reber Pl.

17. (a) Burial (b) Date thereof 11-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Helens Park

18. (a) Signature of funeral director Walter S. Martini

(b) Address 4228 So. Highways

19. (a) NOV 19 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5613 Reber Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th
year 1943 hour 6³⁰ minute P. M.

21. I hereby certify that I attended the deceased from 10-20-43 to 11-18-43

that I last saw him alive on 11-18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of secondary
spinal cord
due to a carcinoma of
skin of left chest postoperative

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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) _____
(e) Means of injury 0

23. Signature Joseph L. Lewis (M. D. assistant)
Address 406 S. 50th Street Date signed 11/19/43

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

*Dr Joe Ferris
4065 So Grand 1-33
de 2711*

JAN 25 1957

APR 4 1947

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 *Richard W. Howard*

Licensed Embalmer No. *4007*

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.