

FILED APR 29 1946  
Registration District No. 37

Primary Registration District No. 6076

State File No. \_\_\_\_\_

Registrar's No. 886

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
1 Day

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether)

In this community 14 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5652 Cabanne Avenue  
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BECKERMAN, Edward

3. (b) If veteran, name war World II

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 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 April 1 1920  
(Month) (Day) (Year)

8. AGE: Years 26 Months 0 Days 18 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Poland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Electrical Worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

13. Birthplace Poland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Poland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 4-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cen.

18. (a) Signature of funeral director H. Pradel  
(b) Address 5216 Delmar Blvd.

19. (a) 4-22-46 (b) E. E. Stilwell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1946 hour 9:40 minute A M.

21. I hereby certify that I attended the deceased from 4/19/46 19\_\_\_\_, to 4/19/46 19\_\_\_\_;  
that I last saw him alive on April 19 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death EPILEPSY, STATUS EPILEPTICUS

Due to 85

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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) \_\_\_\_\_ injury \_\_\_\_\_

23. Signature E. E. Stilwell, M.D. (M. D. or other) \_\_\_\_\_  
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 4/19/46

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

1.3.2.4.2

SEP 18 1968

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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..... *J. Burgess*.....  
Licensed Embalmer No. *4029*.....

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.**