

FILED SEP 30 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1947

Registration District No. 317 Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days)
EDMUND C. BECKMANN
3. (a) PRINT FULL NAME
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Beckmann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 30 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 15 hr. min.

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

10. Usual occupation President

11. Industry or business California Tanning Co.

MOTHER FATHER
12. Name Don't Know
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant George E. Beckmann
(b) Address 3800 Flora Pl.

17. (a) Burial (b) Date thereof 9-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl

19. (a) 7-17-46 (b) Ruth A. Bennett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3800 Flora Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 15 year 46 hour 10 minute 09 M.
21. I hereby certify that I attended the deceased from _____
_____ 1946
that I last saw _____ alive on _____ 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure
Coronary Arteriosclerotic Heart Disease
Due to Coronary Thrombosis
Due to T.B. Prostate

Other conditions 3/4/46 Lupus Erythematosus
(Include pregnancy within 6 months of death)
Ab. Heart

Major findings: Prostate
Of operations 2-28-46
Autopsy As type of Chronic Heart Disease
Drainage of Abdominal Cavity

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) _____
23. Signature J. P. Hodges M.D. M. D. or other _____
Address 2004 No. 1st St. St. Louis

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

DEC 7 1946

MAY 22 1947

MAY 6 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.....

..... James R. Dunn, Registered Apprentice No. 403,
working under my personal supervision.

Signed..... *Wm. H. Stewart*

Licensed Embalmer No. 3722

P. O. Address. 412 Duchouquette St.

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.