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M-5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

31547

State File No. _____
Registrar's No. 7705

FILED SEP 16 1946
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township):
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6429 Cates
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John William Beckman
a/k/a Jack W. Beckman
(b) If veteran, name war World I
3. (c) Social Security No 490-01-5113

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Beckman
6. (c) Age of husband or wife if alive (unk) years
7. Birth date of deceased June 28 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 3 6 hr. min.

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

10. Usual occupation Salesman

11. Industry or business Restaurant supplies

12. Name Samuel Z. Beckman

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

14. Maiden name Lillie Singer

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

16. (a) Informant George Beckman

(b) Address 7708 Stanford

17. (c) burial (b) Date thereof 9/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) SEP 6 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1946 hour 6 minute 8 M.

21. I hereby certify that I attended the deceased from Aug 28 1946 to Sept 4 1946
that I last saw him alive on Sept 4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
chronic glomerular nephritis
Duration 7 days
2 years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Alfred J. [Signature] (M. D. or other) MD

Address 634 110th [Signature] Date signed Sept 8/46

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.....

Arthur A. Auding

Licensed Embalmer No.

4529

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.