

No. 300  
M-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAY 26 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17370  
State File No. ....  
Registrar's No. 4580

Registration District No. 318 Primary Registration District No. 1003

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:  
4108 Michigan Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL") 179  
(d) Street No. 4108 Michigan Ave.  
13 (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME SADIE BECKERLE  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 16th  
year 1948 hour 8 minute 05 P.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Henry Beckerle  
6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased November 3 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12 1948, to May 16 1948  
that I last saw her alive on May 16 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 6 Days 15  
If less than one day  
hr. min.

Immediate cause of death Arterio Sclerosis 15 yrs  
Duration

9. Birthplace: St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home

Due to Senility  
Due to 99  
Other conditions (Include pregnancy within 3 months of death)

11. Industry or business  
12. Name Henry Broeker  
13. Birthplace Germany  
(City, town, or county) (State or foreign country) 4  
14. Maiden name Dont Know.  
15. Birthplace Dont Know.  
(City, town, or county) (State or foreign country) 9

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Beckerle  
(b) Address 4108 Michigan Ave.  
17. (a) Burial (b) Date thereof May 18, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SS. Peter and Paul Cem.  
18. (a) Signature of funeral director Gebken-Benz Mortuary  
(b) Address 2842 Meramec St.  
19. (a) MAY 17 1948 (b) J. F. Broeker  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury  
23. Signature W. E. Holdenreid (M.D. or other)  
Address 11205 Virginia Date signed 5/17/48

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

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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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Joe P. Benz

Licensed Embalmer No. 4219

2842 Meramec St.  
P.O. Address St. Louis, Missouri. (1)

**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.**