

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20762**
4814

BIRTH NO. #96614		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY COO		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 65 years		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17 9				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 10 - 4176 Sacramento				J		
3. NAME OF DECEASED (Type or Print)		a. (First) CATHERINE		b. (Middle) CATHARINE		c. (Last) BECKMANN		4. DATE OF DEATH (Month) (Day) (Year) May 31st, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 24 1867		9. AGE (In years last birthday) 82 years		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (State or foreign country) Heide, Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.		4		
13a. FATHER'S NAME Peter Sievers			13b. MOTHER'S MAIDEN NAME Maria Peters			14. NAME OF HUSBAND OR WIFE Frank J. Beckmann				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mr. Frank J. Beckmann					ADDRESS 4176 Sacramento Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma with metastases</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Primary site undetermined</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 55						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1948						
22. I hereby certify that I attended the deceased from 4/24/49 , 19___, to 5/21/49 , 19___, that I last saw the deceased alive on 5/21/49 , 19___, and that death occurred at 7:00 P.M. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree of title) John W. Koehler, M.D.				23b. ADDRESS 1515 Lafayette Ave.			23c. DATE SIGNED 5/31/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 2 1949		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F. HOME INC. 1936 St. Louis Ave						

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Max L. Wenzel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

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.