

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6938

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **470**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>		c. LENGTH OF STAY (in this place) <b>60 A</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JENNINGS</b>		4140
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS COUNTY HOSP</b>			d. STREET ADDRESS (If rural, give location) <b>7010 LENA</b>		

3. NAME OF DECEASED (Type or Print) <b>WILLIAM BECKMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB-21-1950</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>DEC-19-1864</b>	9. AGE (In years last birthday) <b>85</b>	10. MONTHS <b>2</b>	11. DAYS <b>2</b>	12. IF UNDER 1 YEAR OF AGE, STATE IN HRS. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DAY LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BUILDING</b>		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS - MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
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13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE _____	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Otis Ragley</b> ADDRESS <b>7010 LENA</b>		
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive and Arteriosclerotic Heart Disease</b>		DUPLICATE TO (b) <b>General Arteriosclerosis</b>				years	
ANTECEDENT CAUSES		DUPLICATE TO (c) _____					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **10-12-1943** to **2-20-1950**, that I last saw the deceased alive on **2-20-1950**, and that death occurred at **416 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John F. Gambo, M.D.</b> (Degree or title)		23b. ADDRESS <b>601 S. Brentwood Blvd.</b>		23c. DATE SIGNED <b>FEB 23 1950</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-25-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY - MO</b>		
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>FEB 23 1950</b> <b>Herbert A. Dowe, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L. R. Tanner</b> ADDRESS <b>6127 Natural Bridge</b>	
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JUL 14 1952

**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.....

*Blair R. Sadwell*

Licensed Embalmer No. ....

4077

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.