

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1952

State File No. 25562

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6806

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>2079</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5250 Beacon</i>		d. STREET ADDRESS (If rural, give location) <i>5250 Beacon</i>	

3. NAME OF DECEASED (Type or Print) FRED G BECKMANN			4. DATE OF DEATH (Month) (Day) (Year) <i>July 13, 1952</i>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 27, 1886</i>	9. AGE (In years if under 1 year; last birthday) Months Days <i>66 1</i>	
-----------------------	----------------------------------	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Accountant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>0</i>
--	---	--	--

13a. FATHER'S NAME <i>Beckmann</i>	13b. MOTHER'S MAIDEN NAME <i>Elisabeth Schell</i>	14. NAME OF HUSBAND OR WIFE <i>Raymond Beckmann</i>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Raymond Beckmann</i>		ADDRESS <i>5250 Beacon</i>
--	--	--	--	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>None</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>- ?</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>CARDIO-VASCULO-RENAL DISEASE</i>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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
19a. DATE 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)
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? <i>442X</i>

22. I hereby certify that I attended the deceased from *Mar 1*, 19*52*, to *July 12*, 19*52*, that I last saw the deceased alive on *July 12*, 19*52*, and that death occurred at *11:00 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>John G. M. Finney, M.D.</i>	(Degree or title)	23b. ADDRESS <i>504 Thekla Av. Florissant</i>	23c. DATE SIGNED <i>7/14/52</i>
--	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>July 14, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>JUL 14 1952</i>	25. GENERAL DIRECTOR'S SIGNATURE <i>Carl Smith, M.D.</i>	ADDRESS <i>1389 Union Blvd.</i>
---	---	------------------------------------

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..... *Ronald E. Yabink*

Licensed Embalmer No. *3917*

P. O. Address *St Louis*

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.