U.S. No. 300
REV. 10-48

FILED MAY 9 1953

STANDARD CERTIFICATE OF DEATH

State File No. 16589

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1184

1. PLACE OF DEATH
a. COUNTY St. Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural: Airport Township
c. LENGTH OF STAY (in this place) 3½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton 445 2
d. STREET ADDRESS (If rural, give location) 7541 Parkdale

3. NAME OF DECEASED (Type or Print) a. (First) Tillie b. (Middle) c. (Last) Beckman
4. DATE OF DEATH (Month) (Day) (Year) April 26 1953
5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH unk
9. AGE (In years last birthday) at 85 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) USSR 6
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm Singer
13b. MOTHER'S MAIDEN NAME Dora (unk)
14. NAME OF HUSBAND OR WIFE Samuel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Samuel Beckman ADDRESS 750 Interdrive

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Stomach
INTERVAL BETWEEN ONSET AND DEATH 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebr. arteriosclerosis 4 years
DUE 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 151X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Septbr. 4, 1949, to April 26, 1953, that I last saw the deceased alive on April 26, 1953, and that death occurred at 10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Y. Fairley M.D.
23b. ADDRESS
23c. DATE SIGNED 4/26 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/27/53
24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
24d. LOCATION (City, town, or county) (State) University City Mo

DATE REC'D BY LOCAL REG. 4-26-53
REGISTRAR'S SIGNATURE Herbert R. Domke-MD
25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial ADDRESS 4715 McPherson

(Licensed Embalmer's Statement on Reverse Side)

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

4000
4

Corr. 5/26/53

MAY 30 1989

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 [illegible]

Licensed Embalmer No. 4229

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.

State of Missouri } ss.
~~County~~ City of

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 16589
Local Registrar's No. 1184

On this 14th day of May, 1953, before me appears Marion Asten, who, upon his oath, states that the original record of ~~birth~~ death for Tillie Beckman, died born April 26, 1953, in the State of Missouri, and which was filed at Clayton, Mo on April 27, 1953, should be corrected as follows:

Item No. 9 should read about 76

Instead of about 85

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Marion Asten — Friend
Relationship.

Berger Memorial
Present Address.

Subscribed and sworn to before me this 14th day of May, 1953.

My Commission expires August 1, 1956 — Dennis F. Dudurg Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Policy No. 11429 [illegible]

n V. S. 135
M—8-43
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