No. 300
10-48

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20176

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5240

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 15 4511 Tholozan Ave. 215/0

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) c. (Last) BECKERS

4. DATE OF DEATH (Month) June (Day) 9 (Year) 1954

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Aug. 31, 1886 **9. AGE** (In years last birthday) 67 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): Maintenance Man-City Ice & Fuel Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Beckers
13b. MOTHER'S MAIDEN NAME Anna Marks
14. NAME OF HUSBAND OR WIFE Anna Beckers

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.
17. INFORMANT'S SIGNATURE OR NAME Anna Beckers **ADDRESS** 4511 Tholozan 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of heart c̄ pericardial tamponade — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary occlusion — 2 days
DUE TO (c) Arteriosclerosis — Undetermined

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertrophy of prostate

19a. DATE OF OPERATION 28 May 54
19b. MAJOR FINDINGS OF OPERATION Prostatic hypertrophy
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? 610X

22. *I hereby certify that I attended the deceased from* 10 May *, 1954, to* 9 Jun *, 1954, that I last saw the deceased alive on* 9 Jun *, 1954, and that death occurred at* 12 Noon *m., from the causes and on the date stated above.*

23a. SIGNATURE Frank Nosari **(Degree or title)** MD **23b. ADDRESS** 4209 S Kingshighway **23c. DATE SIGNED** 11 Jun 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Jun. 12, 1954 **24c. NAME OF CEMETERY OR CREMATORY** Concordia Cemetery **24d. LOCATION** (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. JUN 11 1954 **REGISTRAR'S SIGNATURE** J Carl Smith MD mgs
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser **ADDRESS** 4228 S.Kingshighway Bl.

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin A. McDermott.....

Licensed Embalmer No. 3024

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.