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FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42171**  
Registrar's No. **11045**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Johns Hospital**  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Illinois**  
b. COUNTY **Clinton**  
c. CITY OR TOWN **Breeze Ill.**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS **Breeze Illinois 8128** (If rural, give location)

3. NAME OF DECEASED  
a. (First) **FRANK**  
b. (Middle) **W**  
c. (Last) **BECKMANN**  
4. DATE OF DEATH (Month) **12** (Day) **2** (Year) **1954**  
5. SEX **MALE**  
6. COLOR OR RACE **White**  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**  
8. DATE OF BIRTH **Sept. 28 1885**  
9. AGE (In years last birthday) **69** IF UNDER 1 YEAR Months **3** Days **5** IF UNDER 12 HRS. Hours **5** Min. \_\_\_\_\_  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **COAL MINER**  
10b. KIND OF BUSINESS OR INDUSTRY **MINING**  
11. BIRTHPLACE (City and State or Foreign Country) **GERMANTOWN Illinois**  
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Beckmann**  
13b. MOTHER'S MAIDEN NAME **Josephine Gehrs**  
14. NAME OF HUSBAND OR WIFE **Elizabeth Albers**  
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 **Elizabeth Beckmann** ADDRESS **Breeze Ill.**

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Hemorrhage**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Hypertensive C-V Disease**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Uremia**  
19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
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) \_\_\_\_\_  
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 **12-2**, 1954, to **12-2**, 1954, and that death occurred at **4:00** m., from the causes and on the date stated above. **443X**

23a. SIGNATURE **W. O'Donnell M.D.** (Degree or title) \_\_\_\_\_  
23b. ADDRESS **408 Humboldt Bldg**  
23c. DATE SIGNED **3, Dec 54** (State) **Illinois**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**  
24b. DATE **12-6-1954**  
24c. NAME OF CEMETERY OR CREMATORY **St. Dominic Cemetery**  
24d. LOCATION (City, town, or county) **Breeze**  
DATE REC'D BY LOCAL REG. **DEC 3 1954**  
REGISTRAR'S SIGNATURE **Carl Smith MO**  
25. FUNERAL DIRECTOR'S SIGNATURE **Wingbunneble** ADDRESS **Funeral Home 3819 S. Grand**

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

NOV 23 1935

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**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 .....  
Signature of Student Embalmer

Signed *Geo. W. King* .....  
Licensed Embalmer No. 461

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**