Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-045413

STATE FILE NUMBER 12269

FILED JAN 12 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): O/ Lutheran Conv. Home 4 yrs — Length of stay in 1b: 2/99

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4475 West Pine Blvd. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Anna — Middle: (Stocke) — Last: Beckmann

4. DATE OF DEATH Month, Day, Year: December 17, 1958

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: April 25, 1867

9. AGE (In years last birthday): 91 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Jacob Stocke Sr.

13b. MOTHER'S MAIDEN NAME: Anna Vogelsang

14. NAME OF HUSBAND OR WIFE: Deceased — Henry Charles Beckmann 1942

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 Address: Leona J. Beckmann, 4475 West Pine Blvd.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Interstitial Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Senile Dementia
DUE TO (c): 422.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1st, to Dec 17 58 and last saw her/him alive on Dec 3 58
Death occurred at 8:50 P.M. upon the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm Stephen Smith M.D.
22b. ADDRESS: 4475 W. Pine Blvd.
22c. DATE SIGNED: 12/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-19-1958
23c. NAME OF CEMETERY OR CREMATORY: Bellefontaine
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR AND ADDRESS: HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET, ST. LOUIS, MO.

25. DATE RECD. BY LOCAL REG.: DEC 19 '58

26. REGISTRAR'S SIGNATURE: Earl Smith MD
MRB

(Licensed Embalmer's Statement on Reverse Side)

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 Lewis C. Hoffmeier

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bros

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.