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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013833
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN House Springs — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis 2249 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1959 Withnell Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First AGNES Middle O. Last BECKERLE
4. DATE OF DEATH Month Day Year 4-21-1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 5-13-1881
9. AGE (In years last birthday) 77 — 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
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ANTON SCHNEIDER
13b. MOTHER'S MAIDEN NAME ELIZABETH BORKNE
14. NAME OF HUSBAND OR WIFE Frank Beckerle (Deceased

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. 492 01 0297
17. INFORMANT Mildred Sparks — Address Box 217 D.H. Springs

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 April 13 to April 21 and last saw her alive on April 20, 1959
Death occurred at 7 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert J. Gussle MD.
22b. ADDRESS 3606 Gravois
22c. DATE SIGNED 4-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 4-25-1959
23c. NAME OF CEMETERY OR CREMATORY MT. HOPE
23d. LOCATION (City, town, or county) ST LOUIS COUNTY (State) Mo.

24. FUNERAL DIRECTOR Siegenheim Bros. — ADDRESS 6409 Gravois Ave
25. DATE RECD. BY LOCAL REG. 4-25-59
26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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MAY 11 1959

JUN 19 1959

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 Jan M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

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.