Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-022677
STATE FILE NUMBER

FILED JUL 3 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 5555

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SAINT LOUIS — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MO.BAPTIST HOSPITAL — Length of stay in 1b: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: ST.LOUIS
c. CITY OR TOWN: HAZELWOOD 4000 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 12129 RIVERVIEW DR. — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: SCHLEY — Middle: DAVID — Last: BECKMANN

4. DATE OF DEATH: Month: JUNE — Day: 9 — Year: 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: JULY 4 1898

9. AGE (In years last birthday): 60 yrs — 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

10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED

11. BIRTHPLACE (City and state or country): SAINT LOUIS,MISSOURI

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CHARLES BECKMANN

13b. MOTHER'S MAIDEN NAME: CLARA KUHS

14. NAME OF HUSBAND OR WIFE: *********

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): W.W.#1

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: MRS.CLARA BECKMANN. — Address: 12129 RIVERVIEW DR.38

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) malnutrition and delay drafter — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of lung with metastases — 4 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 163x

19. WAS AUTOPSY PERFORMED? YES [X] 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 June 4 1959, to June 8, 1959 and last saw her/him alive on June 8, 1959
Death occurred at 3:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sedley Jett M.D

22b. ADDRESS: 457 N. Kingshighway

22c. DATE SIGNED: 6/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: JUNE 12,1959

23c. NAME OF CEMETERY OR CREMATORY: LAUREL HILL MEMORIAL GARDENS

23d. LOCATION (City, town, or county) (State): ST.LOUIS COUNTY MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: CALVIN F.FEUTZ,4828 NAT'L.BRIDGE BLVD

25. DATE RECD. BY LOCAL REG.: JUN 10 '59

26. REGISTRAR'S SIGNATURE: Noal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

457 N.Kingshighway

1:30 to 5 Daily except Thurs.

File in city.

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 Joseph E. Lindsey

Licensed Embalmer No. 4225

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.