

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016593

FILED VS MAY 13 1960

318

Primary Registration District No. **1003**

Registrar's No. **4733**

STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital Inc. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3324 S. Jefferson Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Henry Middle - Last Beckman, Sr. | | | 4. DATE OF DEATH Month May Day 4 Year 1960 | | | |
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|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|--|----------------|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-11-1882 | 9. AGE (last birthday) 77 | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR | |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|--|----------------|--|

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|---|--|--|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Mail Handler | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and state or country) Germany | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |
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| 13a. FATHER'S NAME Unknown Beckmann | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Amelia | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none | | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Emil Beckmann 3870 Cleveland Ave | | | | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | | | | |
| | | DUE TO (c) 151 X | | | | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | | | |
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| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year | | | | | | |
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|--|--|------------------------------|--|--------|-------|--|--|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE | | |
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| 21. I attended the deceased from April 27, 1960 to May 4, 1960 and last saw him live on May 4, 1960 Death occurred at 9:25 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
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| 22a. SIGNATURE (Degree or title) Benjamin N. Clark, M.D. | | | 22b. ADDRESS 1755 S. Grand Blvd. | | | 22c. DATE SIGNED 4 Apr. 1960 | |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 23b. DATE 5-7-1960 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | | 23d. LOCATION (City, town, or county) St. Louis Co., Mo. | | | |
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| 24. FUNERAL DIRECTOR ADDRESS Kreigshauser Funeral Home, St. Louis, Mo. | | | 25. DATE RECD. BY LOCAL REG. MAY 4 1960 | 26. REGISTRAR'S SIGNATURE Lead Smith, M.D. | | | |
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4228 S. Kingshighway Blvd.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. W. Stoverson

Licensed Embalmer No. 400

P. O. Address _____

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.