

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-048160

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12050** STATE FILE NUMBER

**FILED DEC 21 1962**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb. **21-yrs.**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **3860 Arsenal St.** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **3860 Arsenal St.** Reside on Farm Yes  No

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  No   
 d. STREET ADDRESS (If outside, give location) **3860 Arsenal St.** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**Caroline C. Beckmann** **Dec. 14, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **3/8/66** 9. AGE (last birthday) **96** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housekeeping** 10b. KIND OF BUSINESS OR INDUSTRY **at home** 11. BIRTHPLACE (City and state or country) **Germany** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Fred B. Meyer** 13b. MOTHER'S MAIDEN NAME **Caroline** 14. NAME OF HUSBAND OR WIFE **Fred W. Beckmann**

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 **Esther Beckmann - 3860 Arsenal St.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Arteriosclerosis, generalized** INTERVAL BETWEEN ONSET AND DEATH **Yrs.**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
 DUE TO (c) **4500**

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.  Yes  No  Unknown

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 **Dec. 10, 1949** to **Dec. 13, 62** and last saw her alive on **Dec. 13, 1962**  
 Death occurred at **4:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Melmont L. Goldman, M.D.** 22b. ADDRESS **634 W. Grand** 22c. DATE SIGNED **Dec. 14, 62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Dec. 17, 1962** 23c. NAME OF CEMETERY OR CREMATORY **St. Paul Churchyard** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR ADDRESS **WACKER-HELDERLE-3634 Gravois Ave.** 25. DATE RECD. BY LOCAL REG. **DEC 15 1962** 26. REGISTRAR'S SIGNATURE **Lois Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1

2 **2/15**

3

4 **1**

5 **2**

6

7 **2**

8 **2**

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10

11 **1290-0**

12 **90**

**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 Lawrence M. Billo

Licensed Embalmer No. 4375  
P. O. Address St. Louis 16. 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.