

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

PLACE OF DEATH

County Gasconade
Towship Herrmann
City Herrmann

Registration District No. 300
Primary Registration District No. 4182

File No. 27422
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Emil Beckmann

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JULIA BECKMANN

6. DATE OF BIRTH (MONTH, DAY AND YEAR) FEB-27-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 6 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RETIRED LABORER
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) LITTLE BERGER
(STATE OR COUNTRY) MO

10. NAME OF FATHER CHRIST BECKMANN

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER UNKNOWN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)

14. INFORMANT Marion Beckmann
(Address) Herrmann MO

15. FILED 831 19 29 Anna Rickhoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28th 19 29

17. I HEREBY CERTIFY, That I attended deceased from July 24, 1929, to Aug 28th, 19 29
that I last saw him alive on Aug 28th, 19 29, and that death occurred, on the date stated above, at 2 P. m.

17B THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis
90%
CONTRIBUTORY Arterial Sclerosis
(SECONDARY)
(duration) 2 yrs. 2 mos. 2 ds.
(duration) 2 yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? NO DATE OF 2-29

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? General Diagnosis
(Signed) H. J. Rickhoff, M. D.

, 19 29 (Address) Herrmann MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Herrmann City Cemetery DATE OF BURIAL 8/31-1929

20. UNDERTAKER Herman Blumer ADDRESS Herrmann MO

N. R.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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226
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