WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—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.

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

Do not use this space.

39272

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11452

City St Louis (No. En Route Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Walter R. Beckman

(a) Residence, No. 5073 Genevieve Ave St., 7 Ward. (If nonresident, give city or town and State)
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Beckman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5 1892

7. AGE: YEARS 39 MONTHS 4 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: St Louis Fire Dept
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Missouri

FATHER

13. NAME: Wm Beckman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Illinois

MOTHER

15. MAIDEN NAME: Emma Hammer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Illinois

17. INFORMANT (ADDRESS): Mrs Anna Beckman 5073 Genevieve Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: Nov. 16, 1931

19. UNDERTAKER (ADDRESS): Geo L. Pleitsch Inc 5966 Easton Ave.

20. FILED: NOV 14 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
No Physician in attendance

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:35 P.m.

The principal cause of death and related causes of importance were as follows:

178 P

Carbon Monoxide Poisoning due to being overcome by gas fumes during a fire at Walgreen Drugstore, St. Louis, Mo.

Date of onset

Other contributory causes of importance:

178 Accident.

Name of operation: 8 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/12, 1931
Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury: Overcome by gas fumes
Nature of injury: Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. W. Kerner, ~~M.D.~~
(Address) Dep Corr
11/14/31