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.

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 10337

Township ..... Primary Registration District No. ..... Registered No. 2359

City St Louis (No. 3862, Botanical Av St. ..... Ward)

2. FULL NAME Casper H L Beckers.

(a) Residence, No. 3862 Botanical Av St., 17 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~~ Katherine Beckers.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 - 1873.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Broker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. His own. 3030 2A 107A

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 mo. 1

FATHER

13. NAME Louis Beckers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER

15. MAIDEN NAME Caroline Wilke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT (ADDRESS) Mrs Katherine Beckers 3862 Botanical Av

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE Mch 12, 1932

19. UNDERTAKER (ADDRESS) Peltz Bros 3029 Lafayette Av

20. FILED MAR 12 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 10, 19

22. I HEREBY CERTIFY, That I attended deceased from March 6th, 1932, to March 10th, 1932

I last saw him alive on Mch 10, 1932. Death is said to have occurred on the date stated above, at 7 P m.

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

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Mitral Stenosis

Name of operation None (1) Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas A Kelly, M. D.

(Address) (705) 3606 Bravoir Av

Dr C Kelly

3606 Grams

Lac 8011

Res. 3541 Halliday

[illegible] 9710