

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

Do not use this space.

31068

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
 Township St. Louis Mo. Primary Registration District No. 1003 File No. ....  
 City St. Louis Mo. (No. ....) Sanitarium Registered No. 8809 St. .... Ward)

**2. FULL NAME**

August Beckman  
 (a) Residence, No. 740<sup>a</sup> So. 4<sup>th</sup> St. 13 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 47 yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 27, 1851</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>9</u>	DAYS <u>3</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>		
10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>		
11. Total time (years) spent in this occupation <u>Unknown</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Sweden</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>		
17. INFORMANT <u>W.F. Ullmann M.D.</u> (ADDRESS) <u>5410 Aerial</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Oct 3</u> 19 <u>32</u>		
19. UNDERTAKER <u>E. J. Schmor</u> (ADDRESS) <u>3125 Lafayette Ave.</u>		
20. FILED <u>OCT - 3 1932</u> <u>W.F. Starkloff</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30<sup>th</sup>, 1932

I HEREBY CERTIFY, That I attended deceased from July 14<sup>th</sup>, 1930 to Sept 30<sup>th</sup>, 1932  
 I last saw him alive on Sept 30<sup>th</sup>, 1932 Death is said to have occurred on the date stated above, at 12<sup>00</sup> p.m.  
 The principal cause of death and related causes of importance were as follows:

<u>Illness</u>	<u>7/14/30</u>
<u>Myocarditis</u>	
<u>Arterio Sclerosis</u>	<u>7/14/30</u>
<u>Sciuitis</u>	

Other contributory causes of importance: Sciuitis

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) William F. Ullmann M.D.  
 (Address) 5410 Aerial

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.

