Dr. O'Malley
634 N. Grand Ave.

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No. 21756
Township Central — Primary Registration District No. 6033B — Registered No. 183
City ..... (No. St. Vincent Sanitarium St. ..... Ward)

2. FULL NAME Frederick T. Beuckman
(a) Residence, No. ..... St., ... Ward. Belleville, Ill.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19th 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	6	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Catholic Priest
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June, 1934
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis Ill.

FATHER
13. NAME Frederick Beukman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Theresa Schawon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Rev. Jos. Frey Belleville, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belleville, Ill. DATE June 29, 1934

19. UNDERTAKER (ADDRESS) Geo. Renner, Belleville, Ill.

20. FILED 6-28-, 1934 H. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to June 26, 1934
I last saw him alive on June 26, 1934 Death is said to have occurred on the date stated above, at 11:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic interstitial nephritis	
acute parenchymatous nephritis	
131	
120	

Other contributory causes of importance:

131

Name of operation no Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify .....
(Signed) Eugene J. Malley, M. D.
(Address) Mo. Bldg. 4th and Wash

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.

JUL 21 1934

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Dr. Boehmer
6117 Easton.