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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.

10800

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 2422

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

City St. Louis (No. 3840, French Cot. St. ..... Ward)

2. FULL NAME George J. Beckman

(a) Residence, No. 3840 French Cot. St., 1 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: Viola Beckman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 5, 1896

7. AGE: YEARS 39 | MONTHS 1 | DAYS 6 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician
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): ✓
11. Total time (years) spent in this occupation: ✓

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

FATHER

13. NAME: Aug Beckman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Viola Beckman 3840 French Cot.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters Paul DATE 3/14/35, 19

19. UNDERTAKER (ADDRESS): OSCAR J. HOFFMEISTER UND. CO. 4016-18 CHIPPEWA ST.

20. FILED MAR 13 1935, 19 Jos F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1935, to March 11, 1935
I last saw him alive on March 11, 1935. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis

Date of onset

Other contributory causes of importance: Chronic Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Urinanalysis 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? No.
If so, specify .....
(Signed) J. Burdge, M. D.C.
(Address) 6419 Virginia Av.