

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.

FEB 11 1936

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.....

Township.....

Primary Registration District No.....

City.....

(No. 7332 Virginia

791

1003

2889

File No.....

Registered No.....

St.....Ward)

2. FULL NAME

(a) Residence, No. 7332 Virginia St. 1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 Fannie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Iron Moulder

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

13. NAME Henry Beckmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Unknown

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

17. INFORMANT Fannie Beckmann (ADDRESS) 7332 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Timothy's Luth. DATE 1-6-1936

19. UNDERTAKER C. Hoffmeister U. & L. Co. (ADDRESS) 7814 So. Broadway

20. FILED JAN - 3 1936 J. H. Beckmann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1936

22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 4:50 a.m.

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

Cont. Insufficiency

Other contributory causes of importance: 92 a

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Charles J. Beckmann M. D.

(Address).....

