

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.

REC'D JUL 12 1938

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

20317
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis (d) Street No. 4146 Humphrey St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 5456

2. PRINT FULL NAME Aloys A. Beckmann, Jr.

(a) Residence, No. 4146 Humphrey St. St. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mary Iva Beckmann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 3 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Artist
9. Industry or business in which work was done, as 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 Aloys A. Beckmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo.

15. MAIDEN NAME Rose Rino
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Mary Iva Beckmann
(ADDRESS) 4146 Humphrey St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE June 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles Kraus Funeral Home 4911 Washington Bl.

20. FILED JUN 16 1938 J. D. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to June 15, 1938
I last saw him alive on June 15, 1938. Death is said to have occurred on the date stated above, at 11:15 m.

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

Rheumatic Heart Disease
Cerebral Embolus
Auricular Fibrillation
Myocardial Infarction
Date of onset Yesterday

Other contributory causes of importance:
Myocardial Infarction
Myocardial Infarction

Name of operation none Date of.....
What test confirmed diagnosis? EKG 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? No
If so, specify.....
(Signed) Melvin B. Kinsten, M. D.
(Address) 601 Humboldt Bldg. #2050

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Me

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... Elton R. Remelius

Licensed Embalmer No. 3154.

P. O. Address..... Lawrence, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.