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I—11-10-39
ev. 5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19508

FILED JUN 10 1940

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 964

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rosecrest Nursing Home 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood (If outside city or town limits write "RURAL")

(d) Street No. Rosecrest Nursing Home (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alma Frances Beckman 255

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jesse Henry

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May (Month) 5 (Day) 1894 (Year)

8. AGE: Years 46 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Warsaw (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles Ackerman
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Elizabeth Drose
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Jesse Beckeman

(b) Address 5895 Theodosia

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Nt. Lebanon Cemetary

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAY 18 1940 (Date received local registrar) (b) D. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1940 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 5/6/40, 19, to 5/16, 1940 that I last saw her alive on 5/16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute cardiac dilatation	1 day
Due to Paralysis Agitans	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 8/16	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? 707 (e) Means of injury

23. Signature C. H. Leslie (M. D. ~~or other~~) 1

Address Kirkwood, Mo Date signed 5/17/40

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.