

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3931¹ N 21st ST
(If not in hospital or institution, write street number or location)

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

In this community 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ---

(c) City or town ST. LOUIS 26
(If outside city or town limits, write "RURAL")

(d) Street No. 3931¹ N 21st ST
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Beckemeier

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1940 hour 8 minute 45 P. M.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife IDA 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. 13 1872
(Month) (Day) (Year)

I hereby certify that I attended the deceased from July 5 1938 to Dec 28 1940
that I last saw him alive on Dec 28 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 1 Days 15 If less than one day
hr. min.

Immediate cause of death Chronic Myocarditis
7-5-38

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

Due to Arteriosclerosis 7-5-38

Due to _____

10. Usual occupation RETIRED - 7 1/2 yrs

Other conditions MI
(Include pregnancy within 3 months of death)

11. Industry or business KREY PACKING Co

Major findings:
Of operations _____
Of autopsy _____

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

12. Name HARTWIG BECKEMEIER

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET MOEHLER

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Beckemeier

(b) Address 3931¹ N. 21st St

17. (a) BURIAL (b) Date thereof DEC 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM

18. (a) Signature of funeral director Raymond J. ...

(b) Address 1936 N. ...

19. (a) DEC 30 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Wm. ... (Specify type of place) 1
(e) Means of injury

Address 920¹ N. ... Date signed 12-28-40

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

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

Harold Braun, Registered Apprentice No. 257
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 3737
P. O. Address 1936 St. Louis

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, fact should be so stated above.