

SEP 17 1941

Registration District No. **701**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4252 Blair Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **None**
 In this community..... **Birth** /
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
 (c) City or town..... **St. Louis** 9 17
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **4252 Blair Ave**
 (If rural, give location)
 (e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Amanda Beckman**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No..... **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1**,
 year **1941** hour **10:45 AM** minute..... M.

4. Sex..... **Female** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Single**
 6. (b) Name of husband or wife..... **None** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **June 22, 1893**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **June 1, 1941 to Aug 1, 1941**
 that I last saw her alive on..... **Aug 1, 1941**
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
48	1	10	hr. min.

Immediate cause of death.....
epilepsy
acute myocardial infarction
 Due to..... **caused by chronic myocardial**
 Due to.....
 Other conditions..... (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

9. Birthplace..... **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **At home**

11. Industry or business.....

MOTHER FATHER { **12. Name**..... **Bernard Beckman**

{ **13. Birthplace**..... **Germany**
 (City, town, or county) (State or foreign country)

{ **14. Maiden name**..... **Dina Hoffman**

{ **15. Birthplace**..... **Germany**
 (City, town, or county) (State or foreign country)

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?
 While at work?..... (Specify type of place) (e) Means of injury.....

16. (a) Informant..... **Mrs John Seibert**
 (b) Address..... **4252 Blair Ave**

17. (a) Burial (b) Date thereof **8/4/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New Bethlehem Cemetery**

18. (a) Signature of funeral director..... **Math Hermann & Son**
 (b) Address..... **2161 East Fair Ave**

19. (a) AUG - 4 1941 (b) *J. W. Brubaker*
 (Date received local registrar) (Registrar's signature)

23. Signature..... *D. Murray Ross* (M. D. or other) **D**
 Address..... **1918 9th Street** Date signed.....

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.....

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

Signed.....

Ronald Hampton

Licensed Embalmer No.....

2967

P. O. Address.....

St. Louis, 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, fact should be so stated above.