

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 100

Registrar's No.

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

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: Alexian Bros. Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 65 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANTHONY BECKMANN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsa Beckmann 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 20 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Gen'l Contractor

11. Industry or business

MOTHER FATHER { 12. Name Frederick Beckmann,  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Christine Rohlfes  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsa Beckmann

(b) Address 8537 Hord Ave. Jennings, Mo

17. (a) Burial (b) Date thereof 3/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd

19. (a) MAR 19 1942 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Jennings  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8537 Hord Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1942 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 15, 1942, to March 18, 1942.  
that I last saw him alive on March 17, 1942, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion acute  
Ch. Myocarditis

Due to Acute Pharyngitis — 5 days.

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]  
Of autopsy [Signature]

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

23. Signature [Signature] (M. D. or other) M. D.  
Address 5899 Delmar Date signed 3/18/42

5899 Delmon

**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.....  
Licensed Embalmer No..... 3041  
P. O. Address..... 2117 E. Grand

**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.**