

FILED MAR 10 1943 18

Registration District No.

Primary Registration District No. 11003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital
(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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 600 N Kingshighway Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Raymond Beckerman

3. (b) If veteran, name war no 3. (c) Social Security No. 493-05-0958

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elin Beckerman 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased April 13 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 10 7 hr. min.

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

10. Usual occupation Meter Repairman

11. Industry or business Union Electric

MOTHER FATHER
12. Name Henry Beckerman
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sidona Stewart
15. Birthplace Boone County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elin Beckerman

(b) Address 600 N. Kingshighway Blvd.

17. (a) Burial (b) Date thereof 2/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cemetery

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

(b) Address 4700 Washington Blvd.

19. (a) FEB 24 1943 (b) J. F. Bruest
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1943 hour 9.45 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 18 1943 to Feb. 19 1943
that I last saw him alive on Feb. 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation

Due to acute myocarditis from chronic myocarditis

Due to 93

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy myocarditis

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 Edwin P. Meiner (M. D. or other) 93
Address 6651 Emright Date signed 2/22/43

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

1826

1826

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.....

W. W. Wilkerson

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, fact should be so stated above.