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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 378 — Primary Registration District No. 3058 — Registrar's No. 161

1. PLACE OF DEATH:
(a) County: St. Charles, Mo
(b) City or town: St. Charles, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 132 E Houston St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles
(c) City or town: St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No.: 132 E. Houston St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Joan Marie Beckemeier

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

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

6. (b) Name of husband or wife: Otto Beckemeier
6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: July (Month) 12 (Day) 1884 (Year)

8. AGE: Years 59 | Months 1 | Days 21 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business ____

MOTHER
12. Name: Louis Wiemken
13. Birthplace: Germany (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Helen Wiemken
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Orval J. Beckemeier
(b) Address: 132 Houston St, St Charles Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 14-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Lebanon Cem.

18. (a) Signature of funeral director: Morris Muschamp
(b) Address: Treatzville, Mo

19. (a) 9/-13/43 (Date received by local registrar) (b) Ernest E. Faulk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12 year 1943 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from July 24, 1941 to Sept. 12, 1943 that I last saw her alive on Sept. 11, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of left ovary with metastoses	1½ yr.
Due to:	
Due to:	
Other conditions: Hypochromic Anemia (Include pregnancy within 3 months of death)	2-3 yrs.

Major findings:
Of operations: ____
Of autopsy: ____

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? ____ (e) Means of injury ____

23. Signature: W. Lamers M.D. (M. D. or other)
Address: 106 Washington ST. CHARLES MO. Date signed 9/11 1943

1340 (Licensed Embalmer's Statement on Reverse Side)

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 John E Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.