

S. No. 2  
M. 5-43  
7. 5-17-39  
I X36671

State File No.

Registrar's No.

FILED JAN 15 1945

Registration District No. 318

Primary Registration District No. 1003

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:  
951 Dover Pl.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....  
(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 951 Dover Place.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME John Beckerle,

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

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

6. (b) Name of husband or wife Alma 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September 1, 1870.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 3 27 hr. min.

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

10. Usual occupation Salesman,

11. Industry or business.....

12. Name Don't Know,

13. Birthplace Don't Know,  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know,

15. Birthplace Don't Know,  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Beckerle,

(b) Address 951 Dover Place,

17. (a) Cremation, (b) Date thereof 12/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory,

18. (a) Signature of funeral director Gebken-Benz Mortuary,  
2842 Meramec St.

(b) Address DEC 29 1944

19. (a) (Date received local registrar) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th  
year 1944 hour 1: minute 30 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism Duration  
fracture right ankle, when he  
walked up to the rear steps of an  
apartment building, driven by  
Francis Louis Quilley at the  
don't know of Virginia and  
Walt at around 6:50 PM

Other conditions none 7 1944  
(Include pregnancy within 3 months of death)  
Major findings: 170  
Of operations.....  
Of autopsy 21

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) Accident

(b) Date of occurrence Nov 7 1944

(c) Where did injury occur? St. Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Public Place  
(Specify type of place) (a) Means of injury Auto

23. Signature Patrick E. Doyle (M. D. or other)

Address Rep. Co. Date signed 12/29/44

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**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 Yahrke*

Licensed Embalmer No. .... *3917* .....

P. O. Address..... *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.**