

S. No. 2  
M-5-42  
V. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12014

FILED JAN 4 1945

Registration District No. 306

Primary Registration District No. 6048

Registrar's No. 230

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Rural - Gardeners Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Route # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town O'Fallon  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route # 2  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES-J-BECKMANN

MEDICAL CERTIFICATION

Dec 11

3. (b) If veteran, name war No

3. (c) Social Security No. 498-01-9158

20. DATE OF DEATH: Month Dec day 11  
year 1944 hour 8 minute 30 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Betha (Schuster) Beckmann

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 21 1876  
(Month) (Day) (Year)

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

Immediate cause of death Coronary Thrombosis

8. AGE: Years 68 Months 5 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to Overexertion  
Coroner of St Charles Co

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

Due to Monis Muechberg

10. Usual occupation Fireman

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business American Cigar Company

Major findings: Of operations 942

12. Name Dennis Beckmann

Of autopsy No

13. Birthplace St. Charles Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Bates Bates

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Betha Schuster

(b) Address RS 2 - O'Fallon, Mo.

17. (a) Burial (b) Date thereof Dec 15 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dak Grove Co., St. Charles, Mo.

18. (a) Signature of funeral director H.C. Dellmeyer & Sons

(b) Address 301 N. Second, St. Charles, Mo.

19. (a) Dec 23 - 44 (b) C. A. Keithley  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 3

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

MOTHER, FATHER

007

JAN 17 1945

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed ~~1-3-45~~ 1-3-45

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 B. 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.