V. S. No. 2
OM—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18541 4833

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

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: DE-PAUL HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 DAYS (Specify whether

In this community 28 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 600

(c) City or town ST. LOUIS MO (If outside city or town limits, write "RURAL") 9

(d) Street No. 4125-B N 20 STREET (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARGARET-MARY BECKMAN

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased MAY (Month) 3 (Day) 1945 (Year)

8. AGE: Years — Months — Days 28 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name FRED C. BECKMAN
13. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MARGAREET CAMPBELL
15. Birthplace CLAYTON (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant FRED C. BECKMAN

(b) Address 4125-B N 20. STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 31-1945 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Goldmeyer + Sons

(b) Address 3934 N. 20 St. St. Louis Mo

19. (a) MAY 31 1945 (Date received locally) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30 year 1945 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 4, 1945 to May 30, 1945 that I last saw her alive on MAY 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature (Baby)	4 Wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

159

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 F. J. Miller (M. D. or other) MD

Address 4114 W Florissant Date signed 5/31/45

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred J. Boedeker

Licensed Embalmer No. 2683

P. O. Address 5934 Alpha Ave

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.