. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34536

FILED OCT 22 1945

State File No. 0

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2396

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital 0
(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 Missouri (b) County St. Louis 96

(c) City or town Brentwood Mo 9
(If outside city or town limits, write "RURAL")

(d) Street No. 8653 Litzinger Rd 1
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Ellen C. Beckeman

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 4

6. (b) Name of husband or wife John Beckeman

6. (c) Age of husband or wife if alive D7/5/44 years

7. Birth date of deceased April 17th, 1881 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Charles Bergstrom
13. Birthplace ..... (City, town, or county) Sweden 4 (State or foreign country)

MOTHER
14. Maiden name Vendla Unknown
15. Birthplace ..... (City, town, or county) Sweden 4 (State or foreign country)

16. (a) Informant Mrs. Blake Roberts
(b) Address 8653 Litzinger Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) 10-12-45 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature) 3 55

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th, year 1945 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from May 8, 1945 to Oct. 9, 1945 that I last saw her alive on Oct 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease 97

Due to Arterio-sclerotic Cardio-Vascular Disease with Hypertension

Other conditions Pulmonary Fibrosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

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? None (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 Allen McNearney (M. D. or other)

Address 2240 Brentwood Blvd Date signed 10/10/45

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.