

9856

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2

Registration District No. 7-2-180

Primary Registration District No. 5-6-5-2

Registrar's No. 83

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town WINFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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)

3. (a) PRINT FULL NAME LOUIS RUDOLPH BECKEMEYER

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed married
divorced.....
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
Sophia Beckmeyer alive 69 years
7. Birth date of deceased..... FEB. 6 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 2 If less than one day
hr. min.

9. Birthplace OH Monroe Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business.....

MOTHER FATHER { 12. Name William Beckmeyer 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Meier
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louis Beckmeyer

(b) Address Winfield

17. (a) BURIAL (b) Date thereof 2-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EVANGELICAL CEM.

18. (a) Signature of funeral director Obelaudis

(b) Address #31 - Winfield Mo

19. (a) 2-10-47 (b) St. Louis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN
(c) City or town WINFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 9
year 1947 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 1-10
....., 1947 to 2-9....., 1947
that I last saw him..... alive on 2-9....., 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction thromb
Dilation

Due to Arteriosclerosis

Due to Old age

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93D
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?

While at work?..... (Specify type of place)
(c). Means of injury 0

23. Signature J. P. Verinick (M. D. or other)
Address Old Monroe Mo Date signed 2-10-47

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.....

O'Garra O'Kicks

Licensed Embalmer No. *4012*

P. O. Address *Winfield, 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.