

FILED MAY 9 1948 18

1003

Registration District No. _____ Primary Registration District 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:
2035 Adelaide Avenue
(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 HARRY J. BECKMANN

3. (b) If veteran, name war None 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 Lottie C. Beckmann nee Haley 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased December 15, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 15 hr. min.

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

10. Usual occupation Custodian
11. Industry or business Hadley School

MOTHER FATHER { 12. Name John R. Beckmann
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Piefuz
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lottie C. Beckmann
(b) Address 2035 Adelaide Ave

17. (a) Burial (b) Date thereof 5/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Math Hermann & Son Inc

(b) Address 2034 East Franklin

19. (a) MAY 2 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oas
(c) City or town St. Louis 9/7
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2035 Adelaide Ave
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30th
year 1947 hour 2:30 minute 30P M.

21. I hereby certify that I attended the deceased from _____ 19____ to APRIL 30 1947
that I last saw him live on April 30 and that death occurred on the date and hour stated above.

Immediate cause of death Fibrinosis of lungs
inter-arterial
General
Duration 2 1/2 yrs
4 1/2 yrs

Other conditions 114
(Include pregnancy within 3 months of death)

Major findings: 114
Of operations _____
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? _____

(a) Signature J. F. Brudeck (M. D. or other) _____
Address 4110 W. 7th Date signed 5/2/47

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

1948
4482

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 Harold G. Burnley

Licensed Embalmer No. 4202

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.