FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25304

Registrar's No. 7282

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: Deaconess Hospital
(If not in hospital of institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1200 Woodland Dr
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Fred. Beckmann
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Anna Schneider
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1/20/1880 (Month) (Day) (Year)
8. AGE: Years 67 Months 6 Days 14 If less than one day 13 hr. 30 min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Iron worker
11. Industry or business self (retired)
MOTHER FATHER
12. Name William Beckmann
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Augusta Meyer
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Melba Beckmann Harding
(b) Address 1200 Woodland Dr., Richmond Hghts. Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Chapel
18. (a) Signature of funeral director Robert J. Ambruster Inc
(b) Address 6638 Clayton Rd.
19. (a) AUG 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 4th year 1947 hour 1.30 minute P M.
21. I hereby certify that I attended the deceased from June 20 1947, to Aug. 4 1947, that I last saw him alive on Aug. 4 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Lungs
Due to
Due to
Other conditions: General metastasis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 Sam A. Barrett (M. D. or other)
Address 1200 So. Big Bend, Date signed 8-4-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 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.