S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1948

Registration District No. 3069

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 43697

Registrar's No. 9749

1. PLACE OF DEATH:
(a) County: St Louis ~~Clayton~~
(b) City or town: Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo (b) County: 040
(c) City or town: St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 2808 January 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 1
If yes, name country:

3. (a) PRINT FULL NAME: GERARD A. BECKMANN
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Dec (Month) 30 (Day) 1947 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	1	hr. min.

9. Birthplace: ~~Clayton~~ Richmond Hts (City, town, or county) Mo (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER
12. Name: Albert Beckmann
13. Birthplace: St Louis (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Dorothy J Schroeder
15. Birthplace: St Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Albert W Beckmann
(b) Address: 2808 January
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation: SS Peter & Paul Cem.
18. (a) Signature of funeral director: J. L. Ziegenhein & Sons
(b) Address: 7027 Gravois
19. (a) 1-2-48 (Date received local registrar) (b) Cecil C. Gehlert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31 year 1947 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12/30 1947, to 12/31 1947, that I last saw him alive on 12/31/47 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Prematurity (26 wks)	
Due to: 159	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: —	
Of autopsy: —	

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: Bernard W. Gerwitz (M. D. ~~or other~~)
Address: 508 N. Grand Date signed: 1/1/48

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

Jefferson City Printing Co.

(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 W. G. Peterson

Licensed Embalmer No. 3637

P. O. Address 7027 Gravois

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.