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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 11 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 113832

Registrar's No. 4170

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

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: 3820 Wyoming
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3820 Wyoming 9
(If rural, give location)

16 (e) Citizen of foreign country? no (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Frank Beckerle

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb (Month) 26 (Day) 1885 (Year)

8. AGE: Years 63 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Ill (State or foreign country)

10. Usual occupation janitor

11. Industry or business

FATHER
12. Name Herman Beckerle
13. Birthplace Waterloo (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Helen Petri
15. Birthplace Waterloo (City, town, or county) Ill (State or foreign country)

16. (a) Informant Mrs. Mary Beckerle
(b) Address 3820 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) MAY 3 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from 10/4/47, 19..., to 4/30, 1948 that I last saw him alive on 4/30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death [illegible]	14 hrs
Due to [illegible]	6 hrs
Due to [illegible]	7 hrs
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 5844 [illegible] Date signed 5/3/48

(Licensed Embalmer's Statement on Reverse Side)

Dr-1850

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St Louis

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.