

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9794  
Registrar's No. 2241

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. CITY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>8 years</b>		d. STREET ADDRESS (If rural, give location) <b>3644 Palm St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3644 Palm St.</b>			

3. NAME OF DECEASED (Type or Print) <b>EMMA BECKMANN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 9, 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 2, 1868</b>		9. AGE (In years last birthday) <b>80 years</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William Doeding</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Finke</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Beckmann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>----</b>		16. SOCIAL SECURITY NO. <b>----</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lena Brammer 3644 Palm St.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Genyplid arteriosclerosis</u> DUE TO (c) <u>Senility 93</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>10 yrs</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>H22</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 18 Feb, 1946 to 9 Mar, 1949, that I last saw the deceased alive on 5 Mar, 1949, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Henry W. Zellert M.D.</b>		23b. ADDRESS <b>4501<sup>st</sup> Manchester</b>		23c. DATE SIGNED <b>10 Mar-49</b>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>March 12, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 10 1949 J. B. Lusata</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN F.H. Inc. 1936 St. Louis Ave.</b>	
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Dr. Geo. H. Zillgitt  
4501 Manchester  
11-12  
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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Max L. Wenzel.....

Licensed Embalmer No. 4170.....

P. O. Address 1936 St Louis Ave.....

**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.