

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **11222**  
 Registrar's No. **2118**

FILED MAR 18 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2079</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4565 Davison Ave</b>		d. STREET ADDRESS (If rural, give location) <b>4565 Davison Ave</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Beckmann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 23 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 11, 1892</b>
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Yard Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Moloney Electric</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Joseph Beckmann</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Demoyer</b>	14. NAME OF HUSBAND OR WIFE <b>Lillian L. Beckmann</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>495-18-8311</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lillian L. Beckmann 4565 Davison Ave</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) <b>Carcinoma of the stomach</b> INTERVAL BETWEEN ONSET AND DEATH <b>18 mos</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>151X</b>	
22. I hereby certify that I attended the deceased from <b>July 1951</b> , to <b>Feb. 23, 1953</b> , that I last saw the deceased alive on <b>Feb. 21, 1953</b> , and that death occurred at <b>10:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. R. Menovian MD</b> (Degree or title)		23b. ADDRESS <b>5330 Geraldine</b>	23c. DATE SIGNED <b>2/23/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Feb 27 1953</b>	24c. NAME OF CEMETERY OR CREMATORY: <b>S.S. Peter &amp; Paul</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
DATE REC'D BY LOCAL <b>FEB 24 1953</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wheat Funerals Home 554 Riverview Blvd.</b>	

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

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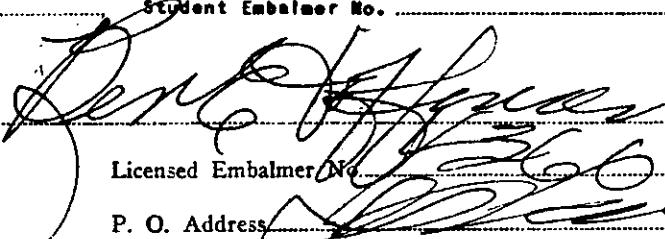
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**STATEMENT BY LICENSED EMBALMER**

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.

Signed.....  


Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address.....

**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.