

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15459

State File No.

FILED APR 23 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

3709

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Normandy 4171	
c. LENGTH OF STAY (In this place) 6 Hours		d. STREET ADDRESS (If rural, give location) 5313 Lucas Hunt Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION 506 Olive St.			
3. NAME OF DECEASED a. (First) Edwin		b. (Middle) F	
c. (Last) Beckman		4. DATE OF DEATH (Month) 4 (Day) 7 (Year) 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 11, 1898
9. AGE (In years last birthday) 55		10. KIND OF BUSINESS OR INDUSTRY Furniture Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Officer Furniture Co.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Fred Beckman		13b. MOTHER'S MAIDEN NAME Magdalena Horn	
14. NAME OF HUSBAND OR WIFE Lorene Beckman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 492-01-9969	
17. INFORMANT'S SIGNATURE OR NAME Lorene Beckman		ADDRESS 5313 LUCAS HUNTRD NORMANDY, MO.	
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) Heart Attack - Stroke - Arteriosclerosis ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (c) Arterio Sclerosis Heart Disease 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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from 11/2, 1952, to 4/7, 1953, that I last saw the deceased alive on 3/28, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Lawrence M. Kistner M.D.		23b. ADDRESS 4409 W. Miami	
23c. DATE SIGNED 4/8/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 10, 1953	24c. NAME OF CEMETERY OR CREMATORY Friedens	
24d. LOCATION (City, town, or county) St. Louis		(State) Mo.	
DATE REC'D BY LOCAL REG. APR 8 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Suedmeyer & Sons Inc. ADDRESS 3934 N 20th	

(Licensed Embalmers' Statement on Reverse Side)

JUN 12 1958

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

Gustav W. Dittale

Licensed Embalmer No. *4329*

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.