

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 31623
8181 Registrar's No.

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 MISSOURI b. COUNTRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (In this place) 27 yrs	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4021 SO. SPRING AVENUE		e. STREET ADDRESS (If rural, give location) 4021 SO. SPRING AVENUE	
3. NAME OF DECEASED (Type or Print) EMMA		a. (First) b. (Middle) c. (Last) BECKMANN	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 4, 1954
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH DECEMBER 26, 1874
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 8 Days 9	IF UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME CHARLES F. SCHLAPPRIZZI		13b. MOTHER'S MAIDEN NAME CONRADINA DIETZ	14. NAME OF HUSBAND OR WIFE OSCAR C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. WALTER J. GOEBEL		ADDRESS 4021 SO. SPRING AVE
---	---------------------------------	--	--	--------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Urinary Bladder. ANTECEDENT CAUSES DUE TO (b) Mucous Colitis. DUE TO (c) Cardiac Decompensation. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs. 7 days.
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)	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? 181 x

22. I hereby certify that I attended the deceased from August 8th, 1954, to Sept. 4th., 1954, that I last saw the deceased alive on Sept. 4th., 1954, and that death occurred at 8:40 P m., from the causes and on the date stated above.

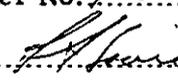
23a. SIGNATURE <i>Victor K. Hultsch</i>	(Degree or title) D.C.	23b. ADDRESS 3407 S. Grand Blvd.,	23c. DATE SIGNED 9-5-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 9-7-54	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI
DATE REC'D BY LOCAL REG. SEP 7 1954	REGISTRAR'S SIGNATURE <i>Charles Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. 1936 ST. LOUIS AVENUE	

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

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.....
Signature of Student Embalmer

Signed: 
Licensed Embalmer No. 45-5
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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.