

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32486

State File No.

FILED SEP 28 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 2193

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jennings</u>		c. CITY OR TOWN <u>Jennings</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>15 years</u>		STREET ADDRESS (If rural, give location) <u>5447 Helen Ave.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5447 Helen Ave.,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>	b. (Middle)	c. (Last) <u>BEUCKEMANN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 15/1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 10/1872</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - unk.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Elevator Operator</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pilot Knob, Mo.,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frederick Beuckemann</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Beuckemann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE <u>Sappington, Maudress</u> <u>Mrs Jane Dulle # 7 Mathew Lane</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric thrombosis</u>		Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AS CIR disease</u> DUE TO (c) <u>none</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Jan 22, 1952, to Sept 15, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 5:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Eppenheimer, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>508 N. Grand Blvd St. Louis 32</u>	23c. DATE SIGNED <u>Sept. 16, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 18/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.,</u>
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DATE REC'D BY LOCAL REG. <u>9-16-54</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Dombi, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leidner Undertaking Co.</u>	ADDRESS <u>2223 St. Louis Av/</u>
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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 *Robert M. Murray*

Licensed Embalmer No. *3749*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.