

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 17 1955

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 2836

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 township) OR TOWN <u>Lake</u>		c. CITY OR TOWN <u>Lake</u> <u>4 73</u> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>70 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Olive Street Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Olive Street Road</u>		f. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Olive Street Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvina</u> b. (Middle) <u>Charlotte</u> c. (Last) <u>Beckemeier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 17, 1873</u>
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>12</u>	11. DAYS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u> <u>4</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Karl Tomschin</u>	
13b. MOTHER'S MAIDEN NAME <u>Johanna Navatiski</u>		14. NAME OF HUSBAND OR WIFE <u>August Beckemeier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>August Beckemeier</u>		ADDRESS <u>Chesterfield, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral anoplexy</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid 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. <u>myocarditis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>years</u>		10 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331 X	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>May 1932</u> to <u>Dec 6, 1954</u> , that I last saw the deceased alive on <u>Dec 4, 1954</u> , and that death occurred at <u>2:12</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm C. M. ...</u>		23b. ADDRESS <u>2322 N. ...</u>	
23c. DATE SIGNED <u>12/7/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-9-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Ev. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bellefontaine, Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>William ...</u>	
25. ADDRESS <u>2504-Woodson Rd-Overland, Mo.</u>		DATE REC'D BY LOCAL REG. <u>12/8/54</u>	
REGISTRAR'S SIGNATURE <u>Robert ...</u>		ADDRESS <u>2504-Woodson Rd-Overland, Mo.</u>	

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 *David C. Gibson*

Licensed Embalmer No. *34*

P. O. Address *Orlando*

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.