

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13103**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3125**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY       |  |
| b. CITY OR TOWN <b>St. Louis</b>                        |  | c. CITY OR TOWN <b>St. Louis</b>   |  |
| c. LENGTH OF STAY (in this place)                       |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran</b> |  | f. STREET ADDRESS (If Rural, give location)<br><b>76 3852 a Louisiana</b>  |  |

|  |                         |                       |                           |  |
|--|-------------------------|-----------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br><b>Anton Beckmann</b> | a. (First) <b>Anton</b> | b. (Middle) <b>F.</b> | c. (Last) <b>Beckmann</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>4 5 1955</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>6-21-1889</b> | 9. AGE (In years last birthday) <b>65</b> | IF UNDER 1 YEAR<br>Months <b>9</b> | IF UNDER 2 HRS.<br>Year <b>14</b><br>Hours<br>Min. |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------------------|--|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Timer</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Sheet Metal</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|---|---|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>Louis Beckmann</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Vollmar</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Irene Rheinlander</b> |
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|  |  |  |                                   |
|--|--|--|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY # <b>492-01-2773</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Irene Beckmann</b> | ADDRESS<br><b>3852a Louisiana</b> |
|--|--|--|-----------------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral Pulmonary Embolus</b>   |  | <b>6 hr</b>                      |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Congestive Heart Failure 4 MO</b><br>DUE TO (c) <b>Chronic Myocarditis</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" 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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>4222</b> |
|--|--|---|

22. I hereby certify that I attended the deceased from **3-1-1955** to **4-5-1955**, that I last saw the deceased alive on **4-5-1955**, and that death occurred at **9:25** m., from the causes and on the date stated above.

|  |                       |                                      |                                   |
|--|-----------------------|--------------------------------------|-----------------------------------|
| 23a. SIGNATURE<br><b>William W Farley MD</b> | (Degree or title) (C) | 23b. ADDRESS<br><b>3108 S- Grand</b> | 23c. DATE SIGNED<br><b>4-7-55</b> |
|--|-----------------------|--------------------------------------|-----------------------------------|

|   |                              |  |   |
|---|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>4-8-1955</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cem.</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Mo.</b> |
|---|------------------------------|--|---|

|   |   |  |                                       |
|---|---|--|---------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>APR 7 1955</b> | REGISTRAR'S SIGNATURE<br><b>J. Charles Smith MD</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Wingbermuehle</b> | ADDRESS<br><b>3819 S. Grand Blvd.</b> |
|---|---|--|---------------------------------------|

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 *Geo. Kingbernuehle*.....

Licensed Embalmer No. *461*

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.