

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

17568

State File No. _____

4166

FILED MAY 25 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____ REGISTRAR'S NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri	c. LENGTH OF STAY (In this place) 2 Days	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 Missouri Baptist Hospital		STREET ADDRESS (If rural, give location) 1402a St. Louis Avenue, 2269	

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) MARIE	c. (Last) BEUCKEMANN	4. DATE OF DEATH (Month) (Day) (Year) April 26, 1956.
----------------------------------------	---------------------------	-----------------------------	--------------------------------	--------------------------------------------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 25, 1902	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
-------------------------	----------------------------------	--------------------------------------------------------------------------	------------------------------------------	----------------------------------------------	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer (Nut Co.),	10b. KIND OF BUSINESS OR INDUSTRY Funsten Nut Co.,	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
-------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------

13a. FATHER'S NAME Bernard Durawski	13b. MOTHER'S MAIDEN NAME Emma Grubitz	14. NAME OF HUSBAND OR WIFE Mr Nelson Beuckemann
-----------------------------------------------	--------------------------------------------------	------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-03-3112	17. INFORMANT'S SIGNATURE OR NAME Mr Nelson Beuckemann,	ADDRESS 1402a St. Louis 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, asphyxia, 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) Uremia		Weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriolo nephro sclerosis DUE TO (c) Consecutive heart failure		Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart disease Mitral stenosis		Years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 442x	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.) Home	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?
-------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from **April 24, 1956**, to **April 26, 1956**, that I last saw the deceased alive on **April 25, 1956**, and that death occurred at **5:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ray David Williams M.D.	23b. ADDRESS 114 No Taylor St Louis 8 Mo	23c. DATE SIGNED 27 Apr 56
--------------------------------------------------------------------	----------------------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-30-1956.	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
------------------------------------------------------------	--------------------------------	----------------------------------------------------------------	------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. APR 27 1956	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son Inc.,	ADDRESS 2161 E. Fair Ave,
------------------------------------------------	--------------------------------------------------	--------------------------------------------------------------------------	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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. 37

P. O. Address H. Lewis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.