

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7058
Registrar's No. 429

No. 500
10-48

BIRTH NO. REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>		b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Northdale</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>Northdale</u> ^{1/1000}	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1121 Maple Ave</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS <u>1121 Maple Ave</u>		(If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>Henry</u> c. (Last) <u>Beckman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 19 57</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10/9/16</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brewery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Beckman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Rudolf</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Beckman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-01-6442</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna Beckman - 1121 Maple Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of esophagus</u>		
	ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>Duodenal Ulcer</u>		<u>2 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>150X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 56, to Feb 19 1957, that I last saw the deceased alive on Feb 5, 1957, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William O. Mowbray M.D.</u>	23b. ADDRESS <u>3625 Fair One</u>	23c. DATE SIGNED <u>2/19/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/22/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS, MO</u>
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DATE REC'D BY LOCAL REG. <u>2/21/57</u>	REGISTRAR'S SIGNATURE <u>Harbert B. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edu. Koch + Son - 3516 N. 14th ST.</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 *Leon C. Perry*.....
1940

Licensed Embalmer No.....

P. O. Address *St. Louis, Mo.*.....

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.