

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019467

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 5569

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Beckemeyer</b> <b>8120</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>23 St. John's Hospital</b>		Length of stay in 1b <b>3 WKS.</b>		d. STREET ADDRESS (If outside, give location) <b>32 NONE</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Roy Beckemeyer Roy S. BECKEMEYER</b>			4. DATE OF DEATH Month Day Year <b>5 - 25 - 58</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-3-15</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months Days <b>2 22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOREMAN - FEDERATED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>METALS CORP. MADE TWSP</b>		11. BIRTHPLACE (City and state or country) <b>Ill. / U.S.A.</b>	
13a. FATHER'S NAME <b>AUGUST BECKEMEYER, JR</b>		13b. MOTHER'S MAIDEN NAME <b>CORA ACKMAN</b>		14. NAME OF HUSBAND OR WIFE <b>Loretta Beckemeyer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNAVAILABLE</b>		17. INFORMANT Address <b>BECKEMEYER, Illinois</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive hemorrhage of Gastrointestinal tract</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Thrombocytopenia</b>				<b>1 month</b>	
DUE TO (c) <b>acute myeloblastic leukemia</b>				<b>6 months</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>none.</b>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>---</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Nov. 6, 1957</b> to <b>May 25, 1958</b> and last saw him alive on <b>May 25, 1958</b> . Death occurred at <b>10:50 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Edward H. Reinhard M.D.</b> (Degree or title)			22b. ADDRESS <b>4960 Audubon, St. Louis 10 Mo.</b>		22c. DATE SIGNED <b>5-26-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>5-28-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Beckemeyer Illinois</b>	
24. FUNERAL DIRECTOR <b>E. ST. Louis, Ill.</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>MAY 28 '58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Not Embalmed, Student Embalmer No. Ill 759 working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed [Signature]  
Licensed Embalmer No. Ill 759  
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.