

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019469

STATE FILE NUMBER

5142

FILED MAY 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5142

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5529 Lindenwood		d. STREET ADDRESS (If outside, give location) 5529 Lindenwood	
3. NAME OF DECEASED (Type or print) First Middle Last Carrie Beckman		4. DATE OF DEATH Month Day Year May 15 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 4, 1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Own home	9c. AGE (In years last birthday) 76
10a. FATHER'S NAME Brinkmeyer		10b. MOTHER'S MAIDEN NAME Unknown	10c. NAME OF HUSBAND OR WIFE Louis William Beckman
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		11. SOCIAL SECURITY NO. No	11. INFORMANT Address Roy E. Beckman 5529 Lindenwood
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma colon with Liver metastases			INTERVAL BETWEEN ONSET AND DEATH about 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			153.8
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 20/10-1957 to 5-15-58 and last saw her alive on 5-15-58 Death occurred at 5:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Eugene J. Jordan M.D.		22b. ADDRESS 607X - Grand Blvd	22c. DATE SIGNED 5/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Western Evangelical Lutheran Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS Hoimelster Colonial Mortuary 6464 Chippewa St. St. Louis, Mo.		25. DATE RECD. BY LOCAL-REG. MAY 15 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JE 3-9588
12-3:00 PM

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 *Burr C. Branson*

Licensed Embalmer No. *4764*

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.