# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032264

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8266

FILED AUG 31 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. ANTHONY HOSP. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY
c. CITY OR TOWN: CONCORD VILLAGE — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 11148 PINE FOREST — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First THEODORE — Middle GERARD — Last BECKERLE

4. DATE OF DEATH: Month AUG — Day 23 — Year 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: AUG 11, 1962
9. AGE (last birthday): —
IF UNDER 1 YEAR: Months — Days 12
IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): ST. LOUIS
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: DAN BECKERLE
13b. MOTHER'S MAIDEN NAME: ANITA STUMMER
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: DAN BECKERLE — Address: 11148 PINE FOREST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 763.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypothermia, Hypocalcemia
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-11-62 to 8-23-62 and last saw her/him alive on 8-23-62
Death occurred at 1:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: 3438 S. [illegible]
22c. DATE SIGNED: 8/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: AUG 25, 1962
23c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM.
23d. LOCATION (City, town, or county) (State): ST. LOUIS CO. Mo

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: AUG 24 1962
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

Dr Eigel
3438 S. Grand
PR1-7388
12 30 - 3 00 FR1

**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 Corley Thompson Jr

Licensed Embalmer No. 4861

P. O. Address Webster Groves 19, 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.