JAN 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No. 44843

Township Washington — Primary Registration District No. 5127 — Registered No. 77

City St. Joseph (No. R.F.D. #1 St. Ward)

2. FULL NAME Frederick August Beck.

(a) Residence, No. St., Ward. R.F.D. #1 St. Joseph, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Beck.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24, 1869.

7. AGE: YEARS 68 — MONTHS 9 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck-Gardner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): Dec 19, 1937
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County. Missouri.

FATHER

13. NAME: Dominic Beck.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden. Germany.

MOTHER

15. MAIDEN NAME: Mathilda Hagelin.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden. Germany.

17. INFORMANT (ADDRESS): Mrs Mary Beck. R.F.D.1 Beck Road, St. Joseph

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Memorial Park.
PLACE St. Joseph Mo. DATE Dec 31, 1938

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo

20. FILED DEC 30 1937 B. W. Tadlock MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1937, to Dec 29, 1937

I last saw him alive on Dec 29, 1937. Death is said to have occurred on the date stated above, at 10:26 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 27
Other contributory causes of importance: Pneumonia Bronchial	Dec 23

Name of operation — Date of —

What test confirmed diagnosis? Unusual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Allaman, M. D.

(Address) Central Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 22 1951