

FEB 7 1939

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

3501  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Chelms Registration District No. 678  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4404 Registered No. \_\_\_\_\_  
 (c) City St James (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel B. Beck  
 (a) Residence, No. St James Mo St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Cordelia Beck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1864

7. AGE YEAR MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
74 9 29

8. Trade, particular kind of work done, er, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12-31-1938 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn Co Mo

13. NAME Sam Beck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT Cordelia Beck (ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Co DATE 12-30-1938

19. FUNERAL DIRECTOR W E Licklider (ADDRESS) St James Mo

20. FILED 2-1-39 Elmer B. Hunt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1938, to Dec 27, 1938.  
 I last saw him alive on Dec 27, 1938. Death is said to have occurred on the date stated above, at 9:30 P m.  
 The principal cause of death and related causes of importance were as follows:  
Obtuse coronary occlusion  
93C  
 Date of onset Dec 25

Other contributory causes of importance:  
degenerative Myocarditis 1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Chemical Was there an autopsy? Yes

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) William H. Beck, M. D.  
St James Mo (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

**STATEMENT BY LICENSED EMBALMER**

I, W. E. Luchler Licensed Embalmer No. 1970

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed W. E. Luchler

Licensed Embalmer No. 1970

**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.)**