

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

4904
Do not use this space.

791
1003

Registered No. **1597**

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis Missouri (d) Street No. Deaconess Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 200 Julius Louis Beek

(a) Residence, No. St. NE Nashville Ill.
 (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 Jessie S. Beek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tax Collector
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Nashville
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Wm. Beek

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Flora Fryer

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

17. INFORMANT Esten J. Beek
 (ADDRESS) Nashville Illinois.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Nashville Ill. DATE Feb. 20, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.
 (ADDRESS) 4700 Washington Blvd.

20. FILED FEB 18 1939 J. D. Beek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16 1939

22. HEREBY CERTIFY, That I attended deceased from 2/4/39, 1939, to 2/16/39, 1939.
 I last saw him alive on 2/16/39, 1939. Death is said to have occurred on the date stated above, at 11:25 P
 The principal cause of death and related causes of importance were as follows:

Diabetic Mellitus with coma
hgt
 Other contributory causes of importance:
Branchio Pharyngeal

Name of operation _____ Date of _____
 What test confirmed diagnosis? all Was there an autopsy? _____

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 Chas Hugh Walker M. D.
 (Signed) H. H. Beek
 (Address) St. Louis

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.

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,

Wilfred Benorley

....., or by

Registered Apprentice No. 1, working under my personal supervision.

Signed *Robert W. Kapp*

Licensed Embalmer No. 1861

P. O. Address 4700 Washington

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 this body is not embalmed, above space should be left blank.