

FILED JUN 11 1941
423

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18190

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 17

1. PLACE OF DEATH:

(a) County JEFFERSON Rock J. Mo.
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ROCK TOWNSHIP!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON ^{5th}
(c) City or town RURAL ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR MAXVILLE, Mo.
(If rural, give location) ⁰
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16TH
year 1941 hour 12TH minute 30 P.M.
21. I hereby certify that I attended the deceased from 1932
to 5/16/41, 1941,
that I last saw him in alive on 5/16/41, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
Due to _____
Due to _____
Other conditions Family
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME FRED BECKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ELIZABETH 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 5 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 12 If less than one day hr. _____ min.

9. Birthplace KIMMSWICK, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER = RETIRED

11. Industry or business _____

MOTHER FATHER { 12. Name JACOB BECKER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name CUNIGUNDA BECKER
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MR. CHRIST BECKER
(b) Address KIMMSWICK Mo

17. (a) BURIAL (b) Date thereof MAY 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. JOHN'S CEM - BECK, Mo

18. (a) Signature of funeral director HEINZTAG FUNERAL HOME

(b) Address KIMMSWICK, Mo.

19. (a) MAY 19 1941 (b) Phil J. Perle
(Date of local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 384
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. J. Beck (M. D. or other) MD
Address Kimmswick Mo Date signed 5/17/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed Arthur W. Hillington
Licensed Embalmer No. 3892
P. O. Address Trinidad, N.J.

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.