

REG. DISTRICT NO. **318**

PRIMARY REGISTRATION DISTRICT NO. **1003**

REGISTRAR'S NO. **10889**

1. PLACE OF DEATH:

(a) County St Louis Mo.
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
916 Rutger St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Life. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 916 Rutger St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE W. BECK Sr.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Beck 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 3 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 8 5 hr. min.

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

10. Usual occupation Ice & Coal Bussiness

11. Industry or business _____

12. Name George Beck

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Curran

15. Birthplace St Louis.
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Beck

(b) Address 916 Rutger St.

17. (a) Burial (b) Date thereof Dec 11 / 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. F. Murrell

(b) Address 2906 Bragg Ave

19. (a) DEC 9 1943 (b) J. F. Murrell
(Date burial local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8
year 1943 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec. 8 - 1943
that I last saw him alive on Dec. 8 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis

Due to _____

Chr. Nephritis
Cardiac Asthma

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 1/21

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature P. J. Kleppel (M. D. or other) _____

Address 905 Morrison St. Date signed 12/1/43

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

David Peter Fossan

Licensed Embalmer No. *4242*

P. O. Address *2906 Marine*

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, fact should be so stated above.