

FILED JAN 10 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 391

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo.  
(b) City or town Cape Girardeau, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Southeast Missouri Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape  
(c) City or town Cape Girardeau - 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 418 Independence St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Edwin Beck

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

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

6. (b) Name of husband or wife Edith Gertrude Beck 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 18 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 7 17 hr. min.

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

10. Usual occupation: Shoe Worker

11. Industry or business \_\_\_\_\_

12. Name Christian Beck

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

14. Maiden name Henrietta Hauge  
(City, town, or county) (State or foreign country)

15. Birthplace Hanover, Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Gertrude Beck

(b) Address 418 Independence

17. (a) Buried Cape Girardeau, Mo. (b) Date thereof 7-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. B. Howell

(b) Address Cape Girardeau, Mo.

19. (a) 12-14-43 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5  
year 1943 hour 8 minute 05 A.M.

21. I hereby certify that I attended the deceased from 11-18- 1943, to 12-5- 1943;  
that I last saw him alive on 12-5- 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to Hypertension  
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9/4  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury \_\_\_\_\_

23. Signature F. W. Phelps (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 12/14/43

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

16  
1  
4

RECEIVED

District Health Officer No. 4  
District File Number 140-3162  
Dated 1-7-44

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 W. H. Ester

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau, Mo.

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.