

S. No. 2  
M-5-43  
5-17-39  
X35671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 17 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35131  
Registrar's No. 136

Registration District No. 310 Primary Registration District No. 305-8

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

1. PLACE OF DEATH:  
(a) County St. Charles ST. CHARLES  
(b) City or town St. Charles  
(c) Name of hospital or institution: St. Joseph Hospital  
(d) Length of stay: In hospital or institution 7 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(d) Street No. 701 Washington Street  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Henry Bekebrede  
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 14  
year 1944 hour 10 minute 55 A.M.  
21. I hereby certify that I attended the deceased from Sept. 14 1944  
that I last saw him alive on Sept. 14 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mathilda Poser  
7. Birth date of deceased September 17, 1859

Immediate cause of death  
Coronary Arteriosclerosis 10 days  
Due to: Valvular Heart Disease  
Myocardial Regurgitation

8. AGE: Years Months Days If less than one day  
84 11 27 hr. min.

Due to: Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy

9. Birthplace St. Charles Co., Missouri  
10. Usual occupation Retired

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
a2d

11. Industry or business  
12. Name Herman Bekebrede  
13. Birthplace Germany  
14. Maiden name Johanna Floetmann  
15. Birthplace Germany

16. (a) Informant Raymond Bekebrede  
(b) Address  
17. (a) Burial (b) Date thereof Sept. 17, 1944  
(c) Place: burial or cremation Lutheran Cemetery

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director  
(b) Address  
19. (a) Date received local registrar Sept 16, 1944 (b) Registrar's signature Ernst E. Pauls

23. Signature Date signed  
Address

(Licensed Embalmer's Statement on Reverse Side)

13410

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-13-44

**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 Arthur C. Gane

Licensed Embalmer No. 3151

P. O. Address St. Charles, 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.**