

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED DEC 27 1944

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony's Hospital
(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

3. (a) PRINT FULL NAME Gustave Beck
 3. (b) If veteran, name war _____
 3. (c) Social Security No. 496-18-4572

4. Sex <u>male</u>	5. Color or race <u>white</u>	6. (a) Single, widowed, married, divorced, <u>single</u>
6. (b) Name of husband or wife _____	6. (c) Age of husband or wife if alive _____ years	

7. Birth date of deceased January 5, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business _____

MOTHER FATHER {
 12. Name Not known
 13. Birthplace Not known Not known
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant William T. Pausch
 (b) Address 3438 Magnolia

17. (a) burial (b) Date thereof 12/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
 (b) Address 7027 Gravois

19. (a) DEC 17 1944 (b) J. F. Bredbeck
(Date received local registrar's) (Registrar's signature)

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. 4017a Botanical
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
 year 1944 hour 12 minute 25 A. M.

21. I hereby certify that I attended the deceased from December 9, 1944, to Dec 15, 1944
 and that death occurred on the date and hour stated above.
 that I last saw h. up alive on Dec 14, 1944

Immediate cause of death <u>pneumonia</u>	Duration <u>2 days</u>
<u>Terminal hypostatic cerebral apoplexy</u>	
Due to <u>arteriosclerosis</u>	7 days (?)
<u>cardiac disease</u>	(?)
Due to <u>hemiplegia, Ch. Myocarditis</u>	(?)

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations: _____

Of autopsy: none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? none
(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) Means of injury _____

23. Signature W. H. Clithers (M. D. or other) _____
 Address 906 Carleton Bldg Date signed 12-16-44

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

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..... *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Travis*

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.