

FILED JAN 16 1945  
 Registration District No. **378**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town city of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Alexian Brothers 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 life  
years, months or days

3. (a) PRINT FULL NAME Edward C. Beck  
 (b) If veteran, name war none  
 (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife Johanna Beck  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 8 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation physician

11. Industry or business \_\_\_\_\_  
 12. Name Fred Beck  
 13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace Louisiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna Beck  
 (b) Address 3229 So. Broadway  
 (c) Place: burial or cremation burial (b) Date thereof 1-6-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
SS Peter & Paul Cemetery  
Southern Funeral Home  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address 6322 So. Grand Blvd.  
 19. (a) JAN 5 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town city of St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5229 So. Broadway  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th  
 year 1945 hour 10:00 minutes \_\_\_\_\_ a. m.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 to \_\_\_\_\_  
 and that I last saw him alive on \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Base  
arterio-sclerosis  
Cancer Prostate  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address 607 So. Grand Date signed 1-6-45

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..... *Virgil L. Bergman*  
Licensed Embalmer No. *74018*  
P. O. Address..... *St. Louis, 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.**