U. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 24 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18003

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 954

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town R. Hgts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST, MARYS HOSPITAL D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 DAYS (Specify whether years, months or days)
In this community 25 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST, LOUIS 96
(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")
(d) Street No. 725 TUXEDO 4
(If rural, give location)
(e) Citizen of foreign country? NO 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROY LEBBEUS BECK
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife LORA CROW BECK
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased MAY (Month) 30 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	17	— hr. — min.

9. Birthplace LINCOLN Co. (City, town, or county) MO (State or foreign country) 11
10. Usual occupation ADVERTISING - PUBLICITY
11. Industry or business WAR MAN POWER COMM
FATHER
12. Name CEPHEUS LEBBEUS BECK
13. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country) 1
MOTHER
14. Maiden name NANCY MELINDA FEIKE
15. Birthplace UNKNOWN (City, town, or county) OHIO (State or foreign country) 1
16. (a) Informant Lora Crow Beck
(b) Address 725 TUXEDO BVLD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL-19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation FREDERICKTOWN-MO
18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES MO
19. (a) APR 20 1945 (Date received local registrar) (b) E. B. McGowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1945 hour 10 minute 5 P.M.
21. I hereby certify that I attended the deceased from March 22, 1945, to April 16, 1945, that I last saw him alive on April 16, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	25 days
Due to Hypertension & Arteriosclerosis	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
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 Ewald Brand (M. D.)
Address Webster Groves Mo Date signed 4/17/45

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1945

MAMAX5 4945 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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.