

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

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:  
2854 A EADS AV.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME HERMAN F. BECK  
 3. (b) If veteran, name war NO 3. (c) Social Security No. NA

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
 6. (b) Name of husband or wife ANNA JOSEPHINE BECK 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased MARCH 27 1875  
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace COLUMBIA ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

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

MOTHER FATHER  
 12. Name HENRY BECK  
 13. Birthplace MO  
(City, town, or county) (State or foreign country)  
 14. Maiden name CATHERINE STUMP  
 15. Birthplace MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Rose Beck  
 (b) Address 2854 A Eads Av  
 17. (a) BURIAL (b) Date thereof JULY 26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director E. J. Schurr  
 (b) Address 3125 Lafayette Av  
 19. (a) JUL 25 1945 (b) J. J. Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
 (c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2854 A EADS AV  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
 year 1945 hour 6 minute 10 PM  
 21. I hereby certify that I attended the deceased from Jan 1942  
 \_\_\_\_\_ 19 \_\_\_\_\_ to July 23 1945  
 that I last saw him alive on July 23 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis years \_\_\_\_\_  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J. J. Keaton (M. D. or other) \_\_\_\_\_  
 Address 6305 Jefferson Date signed 7/25-45

**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.....

*Joe B. Vollmer*  
.....

Licensed Embalmer No. *21014*

P. O. Address *Houston*

**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.**