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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10887

FILED MAR 27 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2584

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town ~~St. Louis~~ 0 (If outside city or town limits, write "RURAL")

(d) Street No. 6437 Wellsmar Ave NR 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) /

If yes, name country

3. (a) PRINT FULL NAME Harry W. Beck

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora Beck nee Serven

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 28, 1881 (Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business Railway Express

FATHER 12. Name Ike Beck

FATHER 13. Birthplace Unknown (City, town, or county) England 4 (State or foreign country)

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs Cora Beck

(b) Address 6437 Wellsmar Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 18 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16, year 1946 hour 7:20 AM. minute M.

21. I hereby certify that I attended the deceased from Mar 9, 1946, to Mar 16, 1946; that I last saw him alive on Mar 16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia (Left) — Duration 8 days

Due to Coronary sclerosis — Duration 2 yrs

Due to

Other conditions No (Include pregnancy within 3 months of death)

108

Major findings: Of operations No

Of autopsy No

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) No

(b) Date of occurrence No

(c) Where did injury occur? No (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? No (e) Means of injury No

23. Signature Henry C. Myers (M. D. or other) M.D.

Address 508 N. Grand Blvd Date signed 3/16/46

(Licensed Embalmer's Statement on Reverse Side)

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. William G Buckholz.

Licensed Embalmer No. 2110

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.