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

7238

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 37

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No.

Registrar's No. 568

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 Hours
In this community 30 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Overland, Missouri 13
(If outside city or town limits, write "RURAL")
(d) Street No. 3548 St. Genevieve Lane 1
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John N. Beck
3. (b) If veteran, name war None
3. (c) Social Security No. 492-01-1941
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Diedrichs Beck
6. (c) Age of husband or wife if alive 52 yrs years
7. Birth date of deceased June (Month) 22, (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	8	19	hr. min.

9. Birthplace Austria (City, town, or county) Austria 4 (State or foreign country)
10. Usual occupation Baker
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Austria (City, town, or county) Austria 4 (State or foreign country)
16. (a) Informant Minnie Beck
(b) Address 3548 St. Genevieve Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director Collier's Funeral Home
(b) Address 10129 St. Charles Road
19. (a) 3-14-47 (Date received local registrar) (b) Ruth J. Allen (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1947 hour 1 minute a.m.
21. I hereby certify that I attended the deceased from 3/10/47, 19..., to 3/11/47, 19...; that I last saw him alive on 3/10/47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	2 days
Due to: 108	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic myocarditis	—

Major findings:
Of operations
Of autopsy Congestion of Lungs following pneumonia

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 0
23. Signature A. H. Wurzer M.D. (M. D. or other)
Address 8900 St. Louis Ave. Date signed 3/12/47

(Licensed Embalmer's Statement on Reverse Side)

APR. 8 1947

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. Rd

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.