

No. 2
12-45
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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. 25220
Registrar's No. 264

FILED AUG 13 1947

Registration District No. 316 Primary Registration District No. 6074

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Desloge, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

John Beck

3. (b) If veteran, name war. 3. (c) Social Security No. 493-03-9889

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Clara Beck 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Oct 13 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business Missouri Natural Gas Co

MOTHER FATHER
12. Name Felix Beck
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Saffa
15. Birthplace New Orleans La
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Beck
(b) Address Desloge, Mo

17. (a) Burial (b) Date thereof Aug-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation YOUNT, MO

18. (a) Signature of funeral director Sparks
(b) Address Flat River, Mo

19. (a) 7-9-47 (b) Ethel Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th year 1947 hour 8:50 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on DEAD ON ARRIVAL, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 9 hours

Due to REPORTED TO CORONER
Due to HISTORY GIVEN BY FAMILY

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A
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) Means of injury 2

23. Signature Mrs. Kelly (M. D. or other) Do
Address Flat River, Mo Date signed 8/7/47

RECEIVED

District Health Officer No. 4
District File Number 847-1050
Date Filed 8-12-47

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 Trumpy L Sparks
Licensed Embalmer No. 4236
P. O. Address Flat River, 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.