

No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42732**
Registrar's No. **210**

Registration District No. **310** Primary Registration District No. **6051**

1. PLACE OF DEATH:
(a) County **St. Charles**
(b) City or town **Rural Rt 1**
(c) Name of hospital or institution:
Rural Rt # 1
(d) Length of stay: In hospital or institution **60 years**
In this community **60 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St Charles**
(c) City or town **St Charles, Rural Rt 1**
(d) Street No. **No**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Herman Bekebrede**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Erna Sandfort**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **March 27 1877**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **18** year **1947** hour **12:30** minute **PM**
21. I hereby certify that I attended the deceased from **July 10 1945** to **Nov. 18 1947**
that I last saw him alive on **Nov. 18 1947**
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary artery of heart**
Duration **2 yrs.**

8. AGE: Years **60** Months **3** Days **27** If less than one day **hr. min.**

Due to **Myocardial infarction from Coronary**
Due to **Pottid gland**

9. Birthplace **St. Charles Mo**
10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN **521**

11. Industry or business **Farm**
12. Name **Henry Bekebrede**
13. Birthplace **St. Charles Mo**
14. Maiden name **Matilda Poser**
15. Birthplace **St. Charles Mo**
16. (a) Informant **Mrs. Erna Bekebrede**
(b) Address **Rural Rt 1 St Charles Mo.**

Major findings: Of operations **521**
Of autopsy **521**
Underline the cause to which death should be charged statistically.

17. (a) **Burial** (b) Date thereof **Nov. 20 1947**
(c) Place: burial or cremation **Lutheran Cemetery**

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**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No**

18. (a) Signature of funeral director **Haldemann Base**
(b) Address **St Charles Mo.**
19. (a) **12-9-47** (b) **Frank Haldemann**
(Date received local registrar) (Registrar's signature)

While at work? **No**
23. Signature **J. J. ...** (M. D. or other) **0**
Address **PR. ...** Date signed **11-22-47**

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-13-47

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 *Arthur C. Bove*

Licensed Embalmer No. *2155*

P. O. Address *St Charles 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.