FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 9 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22180
Primary Registration District No. 1000
Registrar's No. 806

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2630 Faraon Street 7
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Beck
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 23 (Day) 1875 (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
72	7	0	hr. 0 min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name Frederick Beck 4
13. Birthplace Baden (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Hessemeyer
15. Birthplace Easton (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant A.E. Beck
(b) Address St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Weston Bowman Funeral Home
(b) Address St. Joseph, Mo.
19. (a) 7-31-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 389

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 8 day 23
year 1948 hour 11 minute 50 P M.
21. I hereby certify that I attended the deceased from July 22, 1948 to July 23, 1948
that I last saw her alive on July 23, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute brain injury Intracranial Hemorrhage	
Due to —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 131
(b) Date of occurrence July 22, 1948
(c) Where did injury occur? St. Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? City street (Specify type of place)
While at work? — (e) Means of injury auto
23. Signature S. E. Senor MD (M. D. or other) 0
Address St. Joseph Mo Date signed 7-24-48
Call with Pedestrian

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 William Gaeling Registered Apprentice No. 28 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3802

P. O. Address 3195 10th St. Jos

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.