

FILED JUL 22 1948

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6126**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether
In this community..... ?
years, months or days)

3. (a) PRINT FULL NAME **Fred H. Beck**

3. (b) If veteran, name war **World War #1.** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Married**
6. (b) Name of husband or wife **Katharine Beck** 6. (c) Age of husband or wife if alive **41** years
7. Birth date of deceased **April 24, 1896.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 **2** **14** br. min.

9. Birthplace **Pinckneyville, Illinois.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Vice-President**

11. Industry or business **Northwestern Nat'l Bank**

12. Name **Fred H. Beck**

13. Birthplace **Mascoutah, Illinois.**
(City, town, or county) (State or foreign country)

14. Maiden name **Frankie Jameson**

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

16. (a) Informant **Mrs. Katharine Beck**

(b) Address **4200 Sacramento Ave.**

17. (a) **Burial** (b) Date thereof **July 12, 1948.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **JUL 10 1948** (b) **J. J. Brink**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4200 Sacramento Ave.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th**
year **1948** hour **8:20** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 25**
1948 to **July 8** **1948.**
that I last saw him alive on **July 7th** **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis**

Due to **Empyema gall bladder**

Due to **Following surgical removal**

Other conditions **Myocardial insufficiency**
(Include pregnancy within 9 months of death)

Major findings: **Peritonitis with**
Of operations **Empyema gall bladder**

Of autopsy.....

Duration
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).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (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.....

23. Signature **J. J. Brink** (M. D. or other) **0**

Address **539 Grand Ave St.** Date signed **July 9 1948**

MOTHER FATHER

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.....

John A. M... ..

Licensed Embalmer No. *4186*

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.