

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28714

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1917 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2017

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>9631-Lackland Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edison</b>	b. (Middle) <b>Harden</b>	c. (Last) <b>Beck</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 21, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 21, 1920</b>	9. AGE (In years last birthday) <b>28</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tree Surgeon</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shields Tree Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Bowling Green, Ky.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Edward C. Beck</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Ruth Beck</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Marie Beck</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) <b>Yes World War #2</b>	16. SOCIAL SECURITY NO. <b>406-16-0048</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rose Marie Beck</b>	ADDRESS <b>8838-LaDue Clayton, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>multiple body fractures, internal injuries and shock-suffered while operating an automobile that collided with a bus, on St. Charles Bridge.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2.0 194</b> <b>4.1</b>
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>bridge</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 - 21 - 49 - AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>See above 9/10</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Urnald J. Willmann, M.D. (Degree or title)</b>	23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>8/22/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8-24-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bowling Green</b>	24d. LOCATION (City, town, or county) (State) <b>Meritershan</b>
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DATE REC'D BY LOCAL REG. <b>8-22-49</b>	REGISTRAR'S SIGNATURE <b>Hugh R. Hanks</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Urnald J. Willmann</b>	ADDRESS <b>2504-Woodson Rd-Overland, Mo.</b>
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OV-28

OCT 22 1961

JUN 18 1961

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 3450

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed David E. Gibson

Licensed Embalmer No. 3457

P. O. Address \_\_\_\_\_

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

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