No. 300
10-48

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31593

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8127

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

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
c. LENGTH OF STAY (in this place) 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MO. BAPTIST HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GLENDALE 96
d. STREET ADDRESS (If rural, give location) NR 143 TREVILLIAN AVE

3. NAME OF DECEASED (Type or Print)
a. (First) HARRY
b. (Middle) GEORGE
c. (Last) BECK

4. DATE OF DEATH (Month) (Day) (Year) SEPT 19 1949

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JUNE 20-1887
9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MATERIALS CLERK
10b. KIND OF BUSINESS OR INDUSTRY PIPE
11. BIRTHPLACE (State or foreign country) BELLEVILLE ILL.
12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME GEORGE BECK
13b. MOTHER'S MAIDEN NAME ELIZABETH ZOELLER
14. NAME OF HUSBAND OR WIFE EMMA BECK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 327-22-5678
17. INFORMANT'S SIGNATURE OR NAME Harry W. Beck ADDRESS 143 Trevillian Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Renal infarction with uremia	1 wk
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Auricular fibrillation	2 wks
DUE TO (c)	Arteriosc. heart disease	5 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Tertiary lues	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 93
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 420

22. *I hereby certify that I attended the deceased from* 5-24, 1945, *to* 9-19, 1949, *that I last saw the deceased alive on* 9-19, 1949, *and that death occurred at* 11 *m., from the causes and on the date stated above.*

23a. SIGNATURE John L Horner (Degree or title) M.D.
23b. ADDRESS 114 N. Taylor St Louis 8
23c. DATE SIGNED 9-20-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE SEPT 22-1949
24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY
24d. LOCATION (City, town, or county) KIRKWOOD (State) MO

DATE REC'D BY LOCAL REG. SEP 20 1949
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Parker Und Co — **ADDRESS** Webster Groves Mo

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves M

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

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