

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11418

State File No.

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3070		Registrar's No. 690	
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission): a. STATE MISSOURI b. COUNTY ST LOUIS MO			
b. CITY (If outside corporate limits, write RURAL and give town) WEBSTER GROVES		c. LENGTH OF STAY (In this place) 13 YRS		c. CITY (If outside corporate limits, write RURAL and give township) 45 1 1 OR TOWN WEBSTER GROVES D		d. STREET ADDRESS (If rural, give location) 9 - N. LACLEDE RD.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 N. LACLEDE ST. RD.				d. STREET ADDRESS (If rural, give location) 9 - N. LACLEDE RD.			
3. NAME OF DECEASED (Type or Print) ROSE LEE BECK			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH MAR-15-1950 (Month) (Day) (Year)	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC-18-1868 last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) WARRENSBERG MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ALONZO JAMES			13b. MOTHER'S MAIDEN NAME CARRIE D. BLAKE			14. NAME OF HUSBAND OR WIFE JAMES H. BECK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME JAMES H. BECK ADDRESS WEBSTER GROVES, MO			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis				INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) Acute Bronchopneumonia				4 days	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				431X	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>one day only</u> , to <u>March 15, 1950</u> , that I last saw the deceased alive on <u>March 15, 1950</u> , and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. M. Norton, M.D.				23b. ADDRESS 634 No. Grand Blvd. St. Louis Mo		23c. DATE SIGNED 3-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR-18-1950		24c. NAME OF CEMETERY OR CREMATORY ST PETERS CEM.		24d. LOCATION (City, town, or county) (State) ST LOUIS, COI. MO	
DATE REC'D BY LOCAL REG. MAR 17 1950		REGISTRAR'S SIGNATURE Herbert R. Alonzo				25. FUNERAL DIRECTOR'S SIGNATURE W. J. Barker ADDRESS WEBSTER GROVES MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

12/20/16

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 *Walter Graves*

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.

