

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28835

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>3063</u> | | Registrar's No. <u>1947</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>ST. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>ST. Louis Co Hospital</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Wisconsin</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Racine</u> d. STREET ADDRESS (If rural, give location) <u>8480 1621 Mead</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>Anthony</u> c. (Last) <u>BECK</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14 1950</u> | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Feb 20 1871</u> | | 9. AGE (in years last birthday) <u>79</u> | | 10. UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Nash Motors</u> | | 11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>Peter Beck</u> | | 13b. MOTHER'S MAIDEN NAME <u>Marie Madeleine May Martha</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>391-14-3137</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Beck</u> ADDRESS <u>201 Vida Lema Mo</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralytic Ileus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTEVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>5 days</u> <u>5701</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Aug. 9, 1950</u> , to <u>Aug. 14, 1950</u> , that I last saw the deceased alive on <u>Aug. 14, 1950</u> , and that death occurred at <u>5:30 a. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Robert A. Doherty M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>601 S. Brentwood Clayton 5 Mo</u> | | 23c. DATE SIGNED <u>8/14/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Aug 14 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Dahl Funeral Home Racine, Wisconsin</u> | | 24d. LOCATION (City, town, or county) (State) _____ | |
| DATE REC'D BY LOCAL REG. <u>8-14-50</u> | | REGISTRAR'S SIGNATURE <u>Norbert R. Donke M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoffmeister</u> ADDRESS <u>442 Co 7814 So Bdwy.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

C. Hoffmeister

Undertaking Co.

Address 7814 South Broadway St. Louis II, Missouri

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed following described corpse:

Full name Mr. John Beck Race White

Place and date of death St. Louis County Hospital, on August 14, 1950

Physician (or Coroner) signing Certificate ~~HPF~~

Place and date of Embalming 7814 S. Bdwy City, on August 14, 1950

Remarks

Signed

Harry J. Schuman

Missouri License No.

2679