

FILED AUG 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30443

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 42

950
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| 1. PLACE OF DEATH a. COUNTY ST. GENEVIEVE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. | |
| b. CITY (If outside corporate limits, write RURAL and give township) JACKSON TWP | | c. CITY (If outside corporate limits, write RURAL and give township) JACKSON TWP 0950 | |
| c. LENGTH OF STAY (In this place) | | d. STREET ADDRESS (If rural, give location) 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|----------------------------------|--|--|--|-----------------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) WILLIAM | b. (Middle) FRANCIS | c. (Last) BECKETT | (Month) AUG | (Day) 10 | (Year) 1952 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JUNE 11, 1886 | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SUPT. OF | | 10b. KIND OF BUSINESS OR INDUSTRY MT. CARMEL | | 11. BIRTHPLACE (State or foreign country) BLOOMSDALE Mo. 0 | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 13a. FATHER'S NAME WILLIAM BECKETT | 13b. MOTHER'S MAIDEN NAME JULIA REY | 14. NAME OF HUSBAND OR WIFE JESSIE MAE CERMAK |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 328-03-3607 | 17. INFORMANT'S SIGNATURE OR NAME JESSIE BECKETT |
| | | ADDRESS BLOOMSDALE, Mo. |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-Sclerosis. | | INTERVAL BETWEEN ONSET AND DEATH 4 1/2 days. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 332x | 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 **Nov 1, 1951**, to **Aug 10, 1952**, that I last saw the deceased alive on **Aug 9, 1952**, and that death occurred at **8:22 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Arthur S. Secauer | (Degree or title) M.D. | 23b. ADDRESS St. Genevieve Mo | 23c. DATE SIGNED 8-10-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE AUG 10 1952 | 24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL | 24d. LOCATION (City, town, or county) (State) BELLEVILLE, ILL. |

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| DATE REC'D BY LOCAL REG. 8-12-52 | REGISTRAR'S SIGNATURE Teresa M. Dahl | 25. FUNERAL DIRECTOR'S SIGNATURE Char M. Bunko | ADDRESS E. St. Louis, Ill. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 16 1953

SEP 3 1952

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.....

Chas M. Busche

Signed.....

Student Embalmer

Licensed Embalmer No. 2431

P. O. Address E. St. Louis, Ill

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.