

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26117
State File No. 6440
Registrar's No.

FILED JUL 31 1953

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6440			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2009a Utah				e. STREET ADDRESS 24 2009a Utah		2249			
3. NAME OF DECEASED (Type or Print) Herman L. Beck			a. (First)			b. (Middle) L.			
c. (Last) Beck			4. DATE OF DEATH June 27, 1953			(Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 7, 1880		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10b. KIND OF BUSINESS OR INDUSTRY Busch Brewery		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Leo Beck			13b. MOTHER'S MAIDEN NAME Mary Mackland			14. NAME OF HUSBAND OR WIFE Frances			
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. 490-01-7230		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Beck 2009a Utah, St. Louis, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Heart failure</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart Exhaustion</i>						INTERVAL BETWEEN ONSET AND DEATH 1 day	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute Myocarditis</i>						1 day	
		DUE TO (c) <i>Arteriosclerosis</i>						15 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>just in June</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF 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) <i>ccc</i>					
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? <i>E9310</i>					
22. I hereby certify that I attended the deceased from <i>Jan 8, 1953</i> to <i>June 27, 1953</i> , that I last saw the deceased alive on <i>June 27, 1953</i> , and that death occurred at <i>8:20 P.M.</i> from the causes and on the date stated above. <i>22</i>									
23a. SIGNATURE <i>W. D. D.</i> (Degree or title) <i>MD</i>				23b. ADDRESS <i>3548 Sidney St</i>		23c. DATE SIGNED <i>6/29/53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>June 30, 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mount Olive Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>			
DATE REC'D BY LOCAL REG. JUN 29 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hoffmeister Colonial Mortuary 6264 Chippewa St. Louis, Missouri</i>					

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

(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.....
Signature of Student Embalmer

Signed *Harry J. Schuman*.....

Licensed Embalmer No... 2679

P. O. Address *7814 S. Broadway*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

1926/3
6117

State of Missouri }
City of St. Louis } ss.

State File No. _____
Local Registrar's No. 6440

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of July, 1953, before me appears _____

Mrs. Frances Beck, who, upon her oath, states that the original record of ~~her~~ ^{death}

for Herman L. Beck ~~was~~ ^{born} ~~on~~ ^{Died} June 27, 1953, 19____, in the State of

Missouri, and which was filed at St. Louis, Mo. on 6-29-, 1953 should be corrected as follows:

Item No. 8 should read July 7, 1880

Instead of July 7, 1879

Item No. 9 should read 72 years

Instead of 73 " "

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Frances Beck Relationship Informant

2009 A Utah Present Address by card

Subscribed and sworn to before me this 13 day of July, 1953

My Commission expires 3-4-57 Ellen C. Judd Notary Public.

Vertical text on the left margin: ...-accept-appear draw one line through error and write above it.

