

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **34589**

FILED OCT 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2388</u>	
<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Woodson Terrace</u>		c. LENGTH OF STAY (In this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Breckenridge Hills</u>		4000 80	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3616-Calvert Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>3322-Tennyson Avenue</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>William</u> c. (Last) <u>Beck</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 5, 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 25, 1942</u>		9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School-boy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home (School)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Overland, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Vance Beck</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Bowman</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXXXXXXXX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Otha M. Lynch</u> ADDRESS <u>3322-Tennyson Avenue</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self-inflicted strangulation by ligature suffered while he was swing-</u>						
	ANTECEDENT CAUSES <u>ing on a rope swing, when his head</u>						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>caught in a loop of the rope, the</u>						
	DUE TO (c) <u>loop being so high above the ground</u>						
	II. OTHER SIGNIFICANT CONDITIONS <u>his feet did not touch the ground.</u>						
	Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>936022</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>rope swing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Woodson Terrace St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9/5/53 3:45 P.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidental strangulation.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Arnold J. Weilmann</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>9/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-8-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9/8/53</u>		REGISTRAR'S SIGNATURE <u>Wesley B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William ...</u>		ADDRESS <u>2504-Woodson Rd. Overland 14, Mo.</u>	

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 .....

Student Embalmer

Signed

*David C. Gibson*

Licensed Embalmer No.

*3454*

P. O. Address

*Overland 1470*

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

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