

FILED MAR 15 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5902

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2171**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>10 MO</b>		d. 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 <b>JEWISH HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>16 3115 MICHIGAN 2169</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>M</b> c. (Last) <b>BECK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR-7-1954</b>	
5. SEX <b>M</b> 6. COLOR (OR RACE) <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>OCT-14-1891</b>		9. AGE (In years last birthday) Months Days <b>62 4 23</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CABINET MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FURNITURE</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>WASHINGTON - D.C.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S</b>	
13a. FATHER'S NAME <b>WILLIAM BECK</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
14. NAME OF HUSBAND OR WIFE <b>DAISY BECK</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</b>		16. SOCIAL SECURITY NO. <b>491-10-4567</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Daisy Beck</b>		ADDRESS <b>3115 Michigan</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, rectum</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Metastases to mesentery</b>	
19a. DATE OF OPERATION <b>4-16-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>See 1 a</b>	
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? <b>154 X</b>			
22. I hereby certify that I attended the deceased from <b>4-12-1953</b> to <b>3-7-</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>3-7-</b> , 19 <b>54</b> , and that death occurred at <b>9:30 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Jessie Simon, M.D.</b> (Degree or title)		23b. ADDRESS <b>3720 Washington</b>	
23c. DATE SIGNED <b>3-8-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>MAR-10-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY - MO</b>	
DATE REC'D BY LOCAL REG. <b>MAR 9 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>L.B. Tanner</b> ADDRESS <b>610 1/2 Natural Bridge</b>			

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Fred J. Hammer*

Licensed Embalmer No. *478*

P. O. Address *St. Louis*

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.