

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38000

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10232

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 17 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Athens			
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul			d. STREET ADDRESS (If rural, give location) 103 North Clinton			
3. NAME OF DECEASED (Type or Print)		a. (First) Peter	b. (Middle) Paul	c. (Last) Beck	4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 20, 1876	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)	10b. KIND OF BUSINESS OR INDUSTRY General Farm	11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? usa		
13a. FATHER'S NAME Fred Beck		13b. MOTHER'S MAIDEN NAME Louisa Eichorn		14. NAME OF HUSBAND OR WIFE Anna Falkenheim		
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. none	17. INFORMANT'S SIGNATURE OR NAME Edna Haeltz			ADDRESS New Athens, Ill.	
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) <u>nephritis</u>  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. <u>Duodenal Ulcers</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Indefinite</u>  <u>1-2 yrs</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.	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>11:24</u> to <u>11:23</u> , 19 <u>55</u> that I last saw the deceased alive on <u>11:22</u> , 19 <u>55</u> and that death occurred at <u>9:35 pm.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>C. D. Corning M.D.</u>		23b. ADDRESS <u>4452 Maryland</u>		23c. DATE SIGNED <u>11:23:55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge	24d. LOCATION (City, town, or county) (State) New Athens, Illinois			
DATE REC'D BY LOCAL REG. NOV 23 1955	REGISTRAR'S SIGNATURE <u>Carl Smith M.D. Lee H. Hull</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee H. Hull</u> ADDRESS New Athens, Ill.			

(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 Lee H. Hull

Licensed Embalmer No. 2973

P. O. Address Marissa, Illinois

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

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