

Health
Welfare
Public
Service

300
1-56

All
diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40141
STATE FILE NUMBER
Registrar's No. 2458

FILED NOV 26 1956

Registration District No. 317 Primary Registration District No. 500

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellisville			Inside Limits Yes* No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes* No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Nursing Home			Length of stay in lb 6mos.	STREET ADDRESS 5232 Tholozan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oscar Middle Fred Last Beck				4. DATE OF DEATH Month Oct. Day 18, Year 1956			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 8, 1875		9. AGE (In years last birthday) 81 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Vice Pres Gross Chandiere			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Peru, Ind.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown Beck				14. MOTHER'S MAIDEN NAME Unknown		Wifes Name Mrs. Hattie Beck	
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 Mrs. Hattie E. Beck		Address 5232 Tholozan	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GENERALIZED ARTERIO SCLEROTIC DUE TO (c) 4200							INTERVAL BETWEEN ONSET AND DEATH 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from MAY 1956 to 10-16-56 and last saw ^{her} alive on 10-16-56 Death occurred at 9:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ruth Beaudry, M.D.				22b. ADDRESS Barrwin, Mo		22c. DATE SIGNED 10-19-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
Entombment		Oct. 20, 1956	Valhalla Mausoleum		St. Louis Co., Mo.		
24. FUNERAL DIRECTOR Gleason & Sons 6175 Delmar				ADDRESS	25. DATE RECD. BY LOCAL REG. 10-19-56	26. REGISTRAR'S SIGNATURE Herbert A. Donohue, M.D.	

(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 em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *246*

P. O. Address *6175th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.