SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6331 -61-022293 STATE FILE NUMBER

FILED JUL 13 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY: St. Louis.

c. CITY OR TOWN: Vinita Park — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 8303 Jackson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ALVIN Middle E. Last BECK

4. DATE OF DEATH: Month JULY Day 7 Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Divorced ☒ Separated

8. DATE OF BIRTH: 5/7/1912

9. AGE (last birthday): 49 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Driver Yellow Cab Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Corridon, Missouri.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Thomas J. Beck

13b. MOTHER'S MAIDEN NAME: Ruth R. Mullin

14. NAME OF HUSBAND OR WIFE: Mabel (divorced)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.

16. SOCIAL SECURITY NO.:

17. INFORMANT: Shirley M. Endejan, Address 8303 Jackson Vinita Park, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): UNDIFFERENTIATED CARCINOMA OF RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 16 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 AUG. 15, 1960, to JULY 7, 1961 and last saw her/him alive on JULY 7, 1961

Death occurred at 3:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F R Bradley MD — F. R. BRADLEY, M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 7/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7-9-61

23c. NAME OF CEMETERY OR CREMATORY: Polk CEMETERY

23d. LOCATION (City, town, or county) (State): Ellington, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc. 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: JUL 7 1961

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

MEDICAL CERTIFICATION

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 Stanley H. Dixon

Licensed Embalmer No. 419

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.