

FILED NOV 28 1961

-61-042195

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10532

AMENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>St. Louis</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>		a. STATE <i>Illinois</i>		b. COUNTY <i>PERRY</i>	
OR TOWN		Length of stay in 1b <i>4 DAYS</i>		c. CITY OR TOWN <i>PINCKNEYVILLE</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Deaconess Hosp.</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>706 Sattie St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. YEAR	
First <i>DORA</i>		Middle <i>CAROLINE</i>		Last <i>Beck</i>		Month <i>Nov.</i>	
Day <i>11</i>		Year <i>1961</i>					
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Apr. 4-1891</i>	
				9. AGE (last birthday) <i>70</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SEAMS TRESS</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>DRESS FACTORY</i>		11. BIRTHPLACE (City and state or country) <i>CONANT ILL</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>George Beck</i>			13b. MOTHER'S MAIDEN NAME <i>DORA SCHRADER</i>			14. NAME OF HUSBAND OR WIFE <i>—</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>				17. INFORMANT <i>Julius Beck</i>			
				Address <i>Pinckneyville Ill</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>CARDIAC INSUFFICIENCY</i>							
DUE TO (b) <i>ARTERIO SCLEROTIC HEART DISEASE</i>							
DUE TO (c) <i>7200</i>							
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year					
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 <i>11.8.61</i> to <i>11.11.61</i> and last saw her <i>live on 11.11.61</i> Death occurred on <i>11.11.61</i> <i>9:30 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Robert E. Coch, M.D.</i>				22b. ADDRESS <i>35 N. Central</i>		22c. DATE SIGNED <i>11.13.61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Nov. 16, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>CONANT</i>		23d. LOCATION (City, town, or county) (State) <i>PERRY Co ILL.</i>		
24. FUNERAL DIRECTOR <i>RYATT FUNERAL HOME</i>		ADDRESS <i>Pinckneyville ILL</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 13 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Frank Prohoff

Licensed Embalmer No. 4356
P. O. Address St Louis, Mo

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.