N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8635
Do not use this space.

1. PLACE OF DEATH REC'D APR 11 1938
(a) County ——
(b) Township ——
(c) City St. Louis
(d) Street No. 3241 a Delor St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1003
Primary Registration District No. 791
Registered No. 2223

2. PRINT FULL NAME John Beck 200
(a) Residence, No. 3241 A DeLore St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Mary A. Cape
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19—1853
7. AGE: 84 YEARS | MONTHS: 6 | DAYS: 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennington England. 6

FATHER
13. NAME John Beck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennington England. 6

MOTHER
15. MAIDEN NAME Ann Nelson 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

17. INFORMANT (ADDRESS) Mrs. A. F. Mothershead 3241A DeLore, St. Louis, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE De Soto, Mo. DATE Mar. 7 1938
19. FUNERAL DIRECTOR (ADDRESS) Mothershead. DeSoto—Mo.
20. FILED MAR 5 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1938
22. I HEREBY CERTIFY, That I attended deceased from Feby 14th, 1938, to March 5th, 19[illegible]
I last saw him alive on March 4th, 1938. Death is said to have occurred on the date stated above, at 3:50 A.m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis — Date of onset

97

Other contributory causes of importance:
Uremia Coma, caused by arterio scleroses — 2 weeks

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. H. Hamel, M. D.
(Address) 1460, So Grand Ave

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J. Lee Mothershead, Licensed Embalmer No. 3531

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Lee Mothershead

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J. Lee Mothershead

Licensed Embalmer No. 3531

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