

RURAL District No. **24** 1979-1

Primary Registration District No. **100E**

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2305 S. 10th St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **in hospital or institution 4 yrs.** (Specify whether in hospital or institution, or in his community, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** **23000**
(If outside city or town limits, write "RURAL")
(d) Street No. **2305 S. 10th St.** **9**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
No Attending Physician

3. (a) PRINT FULL NAME **James W. Beck**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **Unknown**

20. DATE OF DEATH: Month **December** day **31**
year **1941.** hour **12** minute **25** P.M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ruby Beck** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **July 19, 1899**
(Month) (Day) (Year)

8. AGE: Years **42** Months **5** Days **11** If less than one day hr. min.

9. Birthplace **Malden Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business.....
12. Name **Martin V. B. Beck**

13. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace **Ruby Beck**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruby Beck**
(b) Address **2305 S. 10th St.**

17. (a) **Burial** (b) Date thereof **Jan. 3, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **J. F. Prudek**
(b) Address **7814 S. Broadway**

19. (a) **DEC 31 1941** (b) **J. F. Prudek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

Immediate cause of death.....

Arteriosclerosis

Due to **Chronic Myocarditis**

Due to..... **93d**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93c**

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **3**

23. Signature **Thomas J. Allen** (a) D. or other) **12/42**
Address **Deputy Coroner** Date signed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis C. Hoffmeister*
Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broadway*

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