

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis
(c) Name of hospital or institution:
517 Bellerive Blvd.,
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 517 Bellerive Blvd.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ernst R. Bek
3. (b) If veteran, name war None
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 28th year 1942 hour 9:10p.m. minute _____ M. _____
21. I hereby certify that I attended the deceased from June 26th, 1942, to June 28th, 1942

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Bek 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 26, 1862

that I last saw him alive on June 28th, 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Apoplexy (cerebral hemorrhage) Duration 24 hours

8. AGE: Years 79 Months 11 Days 2 If less than one day _____ hr. _____ min. 4

Due to Arteriosclerosis Senility Indefinite

9. Birthplace Germany (City, town, or county) _____ (State or foreign country) _____

Due to _____

10. Usual occupation Bookkeeper Acc'tn

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____

12. Name Adam Bek

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

13. Birthplace Germany (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Weisenger

15. Birthplace Germany (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant Mrs. Clara Bek

(b) Address 517 Bellerive Blvd.

17. (a) Burial (b) Date thereof 7 1 42 (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL CHURCH

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6328 S. Grand Blvd.

19. (a) JUN 30 1942 (b) J. J. Medeck (Date received local registrar) (Registrar's signature)

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) _____ (c) Means of injury _____

23. Signature Edw. J. ... (M. D. _____) Address 2278 S. Jefferson Date signed 6-29-42

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

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

see 4216

[Handwritten signature]

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..... *Virgil L. Berryman*.....
Licensed Embalmer No..... *4018*.....
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 this body is not embalmed, fact should be so stated above.