U. S. No. 2
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ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10881

FILED MAR 22 1948

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 576

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Troy
(c) City or town Masco Mills.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Orval William Beck
3. (b) If veteran, name war No
3. (c) Social Security No. 492-03-0555.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Norma Beck
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Jan. 28, 1916. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
32	1	12	hr. min.

9. Birthplace Masco Mills, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Welder
11. Industry or business
FATHER
12. Name Michael Beck
13. Birthplace Troy, Ill. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen Buenamann
15. Birthplace Troy, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Norma Beck
(b) Address Masco Mills, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 14/48. (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Mo.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) 3-15-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11 year 1948 hour 7.33 minute A.M. 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.

Immediate cause of death multiple simple fractures of skull & face, and possible brain injury - occupant of ~~xxxx~~ automobile which collided with Public Service Co. work car.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence March 11, 1948
(c) Where did injury occur? University City, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public road (Specify type of place)
While at work? Means of injury Blunt impact
23. Signature Arnold J. Willmann Coroner
Address Clayton, Mo. Date signed 3/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillers

Licensed Embalmer No. 4080

P. O. Address _____

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.