

U.S. DEPARTMENT OF HEALTH  
 U.S. PUBLIC HEALTH SERVICE  
 FEDERAL BUREAU OF INVESTIGATION  
 NATIONAL OFFICE OF VITAL STATISTICS  
 STANDARD CERTIFICATE OF DEATH

 State File No. 24974  
 Registrar's No. 1200

 FILED AUG 13 1948  
 Registration District No. 317

 Primary Registration District No. 6076

## 1. PLACE OF DEATH:

 (a) County St. Louis  
 (b) City or town Jefferson Barracks, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Veterans Administration Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 28 Days  
 (Specify whether  
 In this community 28 Days  
 years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

 (a) State Illinois (b) County Adams 999  
 (c) City or town Quincy 11  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 222 State Street 2  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_
3. (a) PRINT FULL NAME BECK, Pearl
 3. (b) If veteran, name war WW-1 3. (c) Social Security No. 338 14 7547

 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Rachel W. 6. (c) Age of husband or wife if alive 43 years  
 7. Birth date of deceased August 23 1892  
 (Month) (Day) (Year)

 8. AGE: Years Months Days If less than one day  
55 11 13 hr. min.

 9. Birthplace Evansville Indiana  
 (City, town, or county) (State or foreign country)
10. Usual occupation Laborer

## 11. Industry or business

 12. Name Unavailable  
 13. Birthplace " "  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unavailable  
 15. Birthplace " "  
 (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hospital(b) Address Jefferson Barracks, Mo.
 17. (a) Burial (b) Date thereof Aug. 9, 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l. Cem. Jeff. Bks. Mo.(e) Signature of funeral director C. Hoffmeister U&L Co.(b) Address 7814 S. Bdw. St. Louis, Mo.
 19. (a) 8-9-48 (b) Paul J. [Signature]  
 (Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month August day 6  
 year 1948 hour 10:40 minute P. M.

 21. I hereby certify that I attended the deceased from July 9, 1948, to August 6, 1948;  
 that I last saw him alive on August 6, 1948;  
 and that death occurred on the date and hour stated above.

 Immediate cause of death SQUAMOUS CELL  
CARCINOMA OF MOUTH

 Contributory cause: 45C  
MAINTNUTRITION, BRONCHOPNEUMONIA

 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Autopsy performed  
(See cause of death)

 22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) None  
 (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)  
 Means of injury (C)  
 23. Signature L. E. Stillwell M. D. Stillwell  
L. E. Stillwell  
 Address VAH, Jeff. Bks. Mo. Date signed 8/9/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A LEGIBLE COPY

JUL 8 1954

JUL 8 1954

**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. Hoffmeyer

Licensed Embalmer No. 3821

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.