

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 38261  
Registrar's No. 9203

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9203											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 10 days				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199									
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital				d. STREET ADDRESS (If rural, give location) 4001 Washington Blvd.				0									
3. NAME OF DECEASED (Type or Print)			a. (First) Frances			b. (Middle) Jameson			c. (Last) Beck			4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1950					
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED S. 0		8. DATE OF BIRTH Sept. 25, 1900		9. AGE (In years last birthday) 50		# UNDER 1 YEAR Months 1		YEAR 5		# UNDER 1 RES. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Pinkneville, Ill.				12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME Fred Beck				13b. MOTHER'S MAIDEN NAME Frances Jameson				14. NAME OF HUSBAND OR WIFE									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME Miss Isabelle L. Jameson, 4001 Washington Blvd.				ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Pyelonephritis</u>  DUE TO (c) <u>Rheumatoid arthritis</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH 7 d  3 mo  15 yrs					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 6000									
22. I hereby certify that I attended the deceased from <u>Mar 1942</u> , to <u>Oct 30, 1950</u> , that I last saw the deceased alive on <u>Oct 29, 1950</u> and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE John L. Horner M.D. 0				(Degree or title)				23b. ADDRESS 114 N. Taylor St. Louis 8				23c. DATE SIGNED 10-30-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial				24b. DATE Nov. 1, 1950				24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. Oct 30 1950				REGISTRAR'S SIGNATURE J. B. Sasser				25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly				ADDRESS 110 Lindell Blvd.					

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Thomas R. Fenwick

Signed.....  
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.