

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **43387-50** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10411**

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2189</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>19 hr</b>		d. STREET ADDRESS (If rural, give location) <b>3032 Caroline Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. L. City Hosp. #1.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GARY</b> b. (Middle) c. (Last) <b>BECK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 6, 1950</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>May 26, 1950</b>	9. AGE (In years last birthday) <b>6</b>	IF UNDER 1 YEAR Months <b>9</b> Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>Robert Beck</b>		13b. MOTHER'S MAIDEN NAME <b>Elorna Redfern</b>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Elorna Beck</b>	
				ADDRESS <b>3032 Caroline Street</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Severe Pneumonia</b> DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>491X</b>	

22. I hereby certify that I attended the deceased from 2 <sup>19</sup>, to 19, that I last saw the deceased alive on 2, 1950, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Catharine E. Taylor Croner</b> (Degree or title)		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>12.6.50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-7-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Falls</b>		24d. LOCATION (City, town, or county) (State) <b>Flat River Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>DEC 6 1950</b>		REGISTRAR'S SIGNATURE <b>J.B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLAUGHLIN FUNERAL HOME, INC.</b>		ADDRESS <b>2301 Lafayette Avenue</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Marion*  
*red*

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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

*N. Y. Farris*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *St Louis*

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.