

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43029**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>2798</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ellisville, Mo.</b>		c. LENGTH OF STAY (in this place) <b>1 Da.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Rock Township</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sunset Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>Beck, Mo. 0500</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b>		b. (Middle) <b>Beck</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 4, 1954</b>			
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 16, 1882</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Beck, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			
13a. FATHER'S NAME <b>Peter Weseloh</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Voelker</b>		14. NAME OF HUSBAND OR WIFE <b>Theodora Beck</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Theo. Beck, Arnold, Missouri.</b>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>				DUE TO (b) <b>Chronic Endocarditis</b>				<b>1 hr</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Arteriosclerosis</b>				<b>Yrs.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>Yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4214</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>Dec. 3, 1954</b> , to <b>Dec. 4, 1954</b> , that I last saw the deceased alive on <b>Dec. 4, 1954</b> , and that death occurred at <b>6:00 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Hallie Rhinogau D.O.</b>				23b. ADDRESS <b>Kirkwood 22, Mo.</b>		23c. DATE SIGNED <b>12/4/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Dec 7, 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>12/4/54</b>		REGISTRAR'S SIGNATURE <b>Heather K. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heiligtag Funeral Home Imperial, Mo</b>					

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Arthur W. Heiligstein*

Licensed Embalmer No. *3892*

P. O. Address *Imperial Inc*

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.