

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039437

AMENDED
 Registration District No. 317 Primary Registration District No. 548 Registrar's No. 3152 STATE FILE NUMBER

FILED NOV 15 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves Length of stay in lb 11 YEARS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 227 Colledge Ave Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY St. Louis
 c. CITY OR TOWN Webster Groves Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 227 College Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Emil Bruno Beccard 11 7 1961

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-9-183 9. AGE (last birthday) 78
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer 10b. KIND OF BUSINESS OR INDUSTRY Printing Supplie 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Fred Beccard 13b. MOTHER'S MAIDEN NAME _____ 14. NAME OF HUSBAND OR WIFE Maude Rodebaugh Beccard
 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 Maude Beccard Address 227 Colledge

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH 18 mos.
 DUE TO (b) generalized arteriosclerosis 2 yrs
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from Oct. 10, 1959 to Nov. 7, 1961 and last saw him alive on Nov. 1, 1961
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Michael Sulich M.D. 22b. ADDRESS 9012 Manchester Rd. 22c. DATE SIGNED 11-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-10-1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR Mittelberg ADDRESS Webster Groves, Mo. 25. DATE RECD. BY LOCAL REG. 11-8-61 26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 _____
Signature of Student Embalmer

Signed Harvey Kable

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.