

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028424

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7181

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 31 1962**

|                |              |  |            |          |                       |                 |
|----------------|--------------|--|------------|----------|-----------------------|-----------------|
| VS 300         | DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF |
| Rev. 4/59      |              |  |            |          |                       |                 |
| 1              |              |  |            |          |                       |                 |
| 2 <u>22</u>    |              |  |            |          |                       |                 |
| 3              |              |  |            |          |                       |                 |
| 4 <u>0</u>     |              |  |            |          |                       |                 |
| 5 <u>2</u>     |              |  |            |          |                       |                 |
| 6              |              |  |            |          |                       |                 |
| 7 <u>1</u>     |              |  |            |          |                       |                 |
| 8 <u>2</u>     |              |  |            |          |                       |                 |
| 9              |              |  |            |          |                       |                 |
| 10             |              |  |            |          |                       |                 |
| 11             |              |  |            |          |                       |                 |
| 12 <u>90-0</u> |              |  |            |          |                       |                 |
| 13             |              |  |            |          |                       |                 |
| <u>90</u>      | SHOULD READ  | ITEM NO.                                 |            |          |                       |                 |

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>   |   | Length of stay in 1b<br><u>60 yrs.</u>  | c. CITY OR TOWN <u>St. Louis</u>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>1204 Hickory St.</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>1204 Hickory St.</u>   |
| 3. NAME OF DECEASED<br>(Type or print)  |   | First <u>FREDERICK</u>  | Middle <u>HERMAN</u>   |
|   |   | Last <u>BECK</u>  | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>20</u> Year <u>1962</u>   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>8/9/87</u>  |
|   |   | 9. AGE (last birthday)<br><u>74 yrs.</u>  | IF UNDER 1 YEAR<br>Months Days   |
|   |   | 10. KIND OF BUSINESS OR INDUSTRY<br><u>Gen'l Merchandise</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Beardstown, Illinois</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired - Floor Walker</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |  |
| 13a. FATHER'S NAME<br><u>Peter Beck</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Catherine Voeller</u>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Mrs. Juanita Wells Beck</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>                                    |  |
| 16. SOCIAL SECURITY NO.   |   | 17. INFORMANT<br><u>Mrs. Mardell Klein, 1318 Marlann Dr. (31)</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>420.0</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>none</u>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 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 <u>15 June 62</u> to <u>19 July 62</u> and last saw him alive on <u>19 July 62</u><br>Death occurred at <u>12 Noon</u> m on the date stated above, and to the best of my knowledge, from the cause stated. |   |   |  |
| 22a. SIGNATURE<br><u>Welfred G. Wheeler M.D.</u> (Degree or title)  |   | 22b. ADDRESS<br><u>1050 S 12th ST St. Louis, Mo</u>   |  |
| 22c. DATE SIGNED<br><u>July 23, 1962</u>  |   | 22d. LOCATION (City, town, or county)<br><u>St. Louis County, Missouri</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>July 23, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Valhalla Cemetery</u>  | 23d. LOCATION (City, town, or county)<br><u>St. Louis County, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>Beiderwieden F.H. Inc., 1936 St. Louis (6)</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>JUL 23 1962</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Paul Smith M.D.</u>  |

USE BLACK INK OR TYPEWRITER RIBBON

1-5  
Rev. W. H. B. Weisbach  
1410 So. 12th St.

**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 Homer W. Dritz

Licensed Embalmer No. 3882

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.