MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 13195

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003 File No. ..... Registered No. 3499

City St Louis (No. 2313 S. 18 St St. ..... Ward)

2. FULL NAME Josephine Beck

(a) Residence No. 2313 S 18th St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	11	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Henry Groove
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Catherine Wentzel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): U S

14. INFORMANT: Edwin W Beck
(Address) 2313 S 18th St

15. FILED APR 11 1927 Max C Starkcoff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10th 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1927, to Apr. 9, 1927, that I last saw her alive on Apr. 7, 1927, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Diabetes Mellitus
59
94B
57
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Coronary infarct
(duration) yrs. mos. 2 hrs ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
(1) DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Labs
(Signed) O Buckbauer M. D
Apr. 12 1927 (Address) 3147 S. Jeff. Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: O Fallon Mo
DATE OF BURIAL: 4/13 1927

20. UNDERTAKER: Cullen & Kelly
ADDRESS: 4526 Easton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr G Brickbauer
31475 Jefferson
Prop 2603