

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

Do not use this space.

2730

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **1003**
 City **St. Louis** (No. **4543**) **Oregon** St. Ward)

File No.
 Registered No. **1 300**
 St. Ward)

2. FULL NAME

John Christoph Beck
 (a) Residence No. **4543 Oregon** St., **15** Ward.

(Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 70 2 25

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Christoph Beck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Henkel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) Anna Beck 4543 Oregon

15. FILED JAN - 9 1928 **MAV E Starroff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 7 1928

17. I HEREBY CERTIFY That I attended deceased from **April 4**, 1927, to **January 7**, 1928 that I last saw him alive on **Jan 6**, 1928, and that death occurred, on the date stated above, at **6:45 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46A Carcinomatosis
46B
 (duration) yrs. 1 mos. da.
CONTRIBUTORY (SECONDARY) Carcinoma of stomach and esophagus
 (duration) yrs. 11 mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? X-ray
 (Signed) **Geo. Kraft** M. D.
 Jan. 9, 1928 (Address) 2318 Lafayette 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 **DATE OF BURIAL**
Sunset Burial Park Jan 10 1928

20. UNDERTAKER **ADDRESS**
H. Schumacher 3013 Meramec

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 IN FULL, WITH EXPANDING INSTRUMENTS IS A PERMANENT RECORD

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