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

Do not use this space.

43129

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. louis., (No. St. John's Hospital. ..... St. ..... Ward)

File No. ..... Registered No. 12422

2. FULL NAME Adolph B. Beck.

(a) Residence. No. 2736 Chariton Street 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 2. 1884.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	2	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Conductor.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Public Service Co.,

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Louis, Mo.,

PARENTS

10. NAME OF FATHER John Beck.

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

12. MAIDEN NAME OF MOTHER Barbara Eisenlohr

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

14. INFORMANT Anna Beck (Address) 2736 Chariton Street

15. FILED DEC 20 1928, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 12/19

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/19/28 19

17. I HEREBY CERTIFY, That I attended deceased from him 12-15, 1928, to 12-19, 1928 that I last saw him alive on 12-19, 1928, and that death occurred, on the date stated above, at 5:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purpura hemorrhagica

115 [illegible]

76 A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Strept. throat Infection

non Diphtheritis (duration) ..... yrs. ..... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. Falk M.D

12/20/28, 19 (Address) Beaumont Bldg

*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
SS. Peter & Paul Cemetery	Dec. 22 1928.

20. UNDERTAKER	ADDRESS
J. H. Gebhen L. and H. Co	2842 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.