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

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.

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

Do not use this space.

43229

File No.
Registered No. 12535

1. PLACE OF DEATH

County
Registration District No.
Township
Primary Registration District No.
City St. Louis (No. 4016 Taft Avenue St. Ward)

2. FULL NAME Catherine Beck.

(a) Residence. No. 4016 Taft Avenue 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 17.1886.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
42	11	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) St. Louis, Mo..

PARENTS
10. NAME OF FATHER Jacob Arndt.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Catherine Urben.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

14. INFORMANT Joseph P. Eschen
(Address) 4016 Taft Avenue

15. FILED DEC 23 1928, 19 Mary C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928 to Dec 22, 1928 that I last saw her alive on Dec 22, 1928 and that death occurred, on the date stated above, at 8.25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis acute
Pulmonary Oedema
11A
934 (duration) yrs. mos. 8 hrs. ds.
CONTRIBUTORY (SECONDARY) La Grippe (duration) yrs. mos. 7 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? Clinical
(Signed) John L. Lorenz, M. D.
12/22, 1928 (Address) 5002 Morganford Rd

*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 SS. Peter & Paul Cemetery — DATE OF BURIAL Dec. 26 1928

20. UNDERTAKER H. Gruen & Son Co — ADDRESS 2842 Meramec