

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

Do not use this space.

24104

1. PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City St. Louis (No. 3719 Rosette Ave)

Registration District No. 784
Primary Registration District No. 6030

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence No. 3719 Rosette Ave St. 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 Male 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 Mary Beck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 9 11

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

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

10. NAME OF FATHER Fred. Beck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Muehler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Mary Beck
(Address) 3719 Rosette Ave

15. FILED July 9th 1930 O. V. Schuch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1930

17. I HEREBY CERTIFY, that I attended deceased from July 3 1930 to July 6 1930 and that I last saw him alive on July 6 1930 and that death occurred, on the date stated above, at 9:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Cancer of Throat -
45 F
..... (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 44 F
..... (duration) yrs. mos. ds.

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

18 DID AN OPERATION PRECEDE DEATH? DATE OF

18 WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Joseph Gosskreutz M. D.
7-6-30 (Address) 7601 Center Blvd

*State the DISEASE CAUSING DEATH (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 Laurel Hill Cemetery DATE OF BURIAL 7/9 1930

20. UNDERTAKER Thos W. Reiderwider ADDRESS St. Louis

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.

AUG 27 1930

PARENTS

