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.

37957

File No. 11104

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 3133 Nebraska Ave. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Catherine M. Beckert

(a) Residence. No. 3133 Nebraska Ave. St., 24 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25 - 1859

7. AGE: 71 YEARS, 6 MONTHS, 27 DAYS. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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) Missouri

PARENTS

10. NAME OF FATHER: Frank Burian

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Frances Schindler
(Address) 3133 Nebraska Ave.

15. FILED NOV 23 1930, 19 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 22 1930

17. I HEREBY CERTIFY, That I attended deceased from 1920, 19.., to Nov. 22, 1930 that I last saw her alive on Nov. 21, 1930 and that death occurred, on the date stated above, at 7 15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(Chronic) Interstitial Nephritis
131
132 B (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia
(duration) yrs. mos. 3 weeks 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) P. Brickbauer, M. D.
11/24, 1930 (Address) 3147 S. Jefferson

*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: S. S. Peter & Paul Cemetery

DATE OF BURIAL: Nov. 25 1930

20. UNDERTAKER: Thos. Kutis

ADDRESS: 2906 Gravois