

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

Do not use this space.

27208

1. PLACE OF DEATH

96 County St. Louis Registration District No. 485
Township Bonhomme Primary Registration District No. 6031
City Manchester (No. Manchester Nursing Home St. Ward)

File No. _____

Registered No. 162

2. FULL NAME

Sarah Beckhoff
(a) Residence, No. 6740 Roberts Ave. St., _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cesar Beckhoff.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 3, 1855</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>8</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis Missouri 1

13. NAME
George Ward.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
England ? 8

15. MAIDEN NAME
Maria Bentley.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
England

17. INFORMANT (ADDRESS)
Mrs. Cesar Beckhoff
6740 Roberts Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE Aug 23 1932

19. UNDERTAKER (ADDRESS)
Ed. L. Pleitash, Inc.
6740 Roberts Ave.

20. FILED Aug. 22 1932 C. E. Barule
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1931 to Aug. 20, 1932

I last saw him alive on Aug. 19, 1932 Death is said

to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Valmer Hunt Hiran
92A 92A 92A
82A 92A
Other contributory causes of importance:
Coronary Atherosclerosis
(Coronary) ①

Date of onset
1929

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Mr

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) L. C. Obrock, M. D.

(Address) W. A. Mr.

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.

SEP 27 1932

Revised 1005
Ra 8243