

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

Do not use this space.

41536

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
Township Carondelet Primary Registration District No. 6348 B Registered No. 409  
City Koch (No. Koch Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1819 1/2 Boyer St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX WF 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21, 1889  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 1 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nil  
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) MO 1

13. NAME Phillip Beck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

15. MAIDEN NAME Anna S. Sabadar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO 1

17. INFORMANT Koch Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Bernard DATE Dec 17 1932

19. UNDERTAKER (ADDRESS) John Kutis 2906

20. FILED Dec 15 1932 L. C. Rhoads M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-30 1932, to 12-14 1932

I last saw him alive on 12-14 1932. Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Pulmonary Tuberculosis July 1932  
23  
105  
1113  
Other contributory causes of importance:  
Tamponade Dec 1932  
Tuberculosis Dec 1932  
Pneumonia Dec 1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray, chest Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 not related

(Signed) W. E. Cook, M. D.  
(Address) Koch Hospital

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.

