

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

Do not use this space.

42003

**1. PLACE OF DEATH**

County ..... Registration District No. 7811  
 Township ..... Primary Registration District No. 3073  
 City St. Louis (No. 3723 - Chippewa)

File No. ....  
 Registered No. 11126  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3723 - Chippewa St. 16 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>John H Beck</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 5 - 1901</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>11</u>
	DAYS <u>8</u>	if LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	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. <u>235</u>	
	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) <u>Mattoon Ill.</u>		
MOTHER	13. NAME <u>Bessie Musgrove</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Frances Volkemann</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>John H. Beck</u> <u>3723 Chippewa</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Park View</u> DATE <u>12/16</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker-Helderle</u> <u>238 Broadway</u>		
20. FILED <u>DEC 15 1932</u> <u>W. E. Starnes</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Physician in attendance, 19....., to....., 19.....

I last saw h..... alive on....., 19...... Death is said to have occurred on the date stated above, at 10:45 pm.

The principal cause of death and related causes of importance were as follows:  
23A  
30 Pulmonary Tuberculosis  
Renal Tuberculosis

Other contributory causes of importance:  
23 (7)

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

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 no injury  
 Nature of injury (S)

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify G. W. Termer (Signed) Dep Coroner (Address)

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

MARGIN RESERVED FOR BINDING

V.S. NO. 2

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.

