

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

Do not use this space.

11185

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. City Hospital)

File No.....
 Registered No. 2228
 St. Ward)

2. FULL NAME

(a) Residence, No. 1711 So. 8th St., 23 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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 Marie Beck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11th - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 1 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Hungary

13. NAME Nicholas Beck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Magdalena Werner

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

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Mary's Mar 7 33

19. UNDERTAKER (ADDRESS) Funeral Home

20. FILED MAR -6 1933

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3rd 1933 to Mar. 4th 1933
 I last saw him alive on Mar. 4th 1933 Death is said to have occurred on the date stated above, at 3.50 PM
 The principal cause of death and related causes of importance were as follows:

Intense Infective Heart Disease (Ch. Myocarditis)
Chronic Hypertension
Cardiac Decompensation

Other contributory causes of importance:
93 C
75 B
73 C

Name of operation..... Date of.....

What test confirmed diagnosis? clin Was there an autopsy? No

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? No

If so, specify.....

(Signed) Malmon M. D.
 (Address) City Hospital

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.

WRITE PLAINLY, WITH INK—ON ADIRCO—THIS IS THE BEST

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DECK