

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

Do not use this space.

21802

1. PLACE OF DEATH

County _____ Registration District No. 701
 Township St. Louis Mo Primary Registration District No. 003
 City St. Louis Mo (No. 4314) St. Anne Pl St. _____ Ward _____

File No. _____
 Registered No. 5609
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4314 St. Anne Pl St. 19 Ward _____

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1 - 1867</u>				
7. AGE	YEARS <u>66.</u>	MONTHS <u>5.</u>	DAYS <u>25</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>			
	13. NAME <u>George P. Beck</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Denmark</u>			
	15. MAIDEN NAME <u>Anne M. Bleich</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herrnberg</u>			
	17. INFORMANT <u>William P. Beck</u> (ADDRESS) <u>4314 St. Anne Pl</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>6/28 / 1937</u>				
19. UNDERTAKER <u>Cumbruster and Co.</u> (ADDRESS) <u>4234 Manchester av</u>				
20. FILED <u>CUN 21 1937</u> <u>J. F. Beudeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-26 6, 1933, to June 6, 1935
 I last saw her alive on June 26, 1935 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importances were as follows:
Chronic Myocarditis Date of onset 1932
100 B
93C
600 B
 Other contributory causes of importance: Tortic Collar
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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 no
 (Signed) Orrick C Smith, M. D.
 (Address) 4115 W. Pine

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.

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