

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

Do not use this space.

30880

**1. PLACE OF DEATH**

County.....

SEP 13 1934

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St. Louis

(No.....)

City Hospital

File No.....

Registered No.....

8143

St.....

Ward.....

**2. FULL NAME**

CHRISTINA BECK

(a) Residence, No.....

4303 N. PAPIN St.

18

Ward.....

(Usual place of abode)

(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

Female

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

Henry Beck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 2, 1880

7. AGE

YEARS 54

MONTHS 6

DAYS 6

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home

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

FATHER

13. NAME

Mr. Schenning

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

Germany

MOTHER

15. MAIDEN NAME

Katherine Walzen

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

Germany

17. INFORMANT (ADDRESS)

Mrs. B. J. KEVIN  
4303 N. Papin St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter Cemetery DATE Aug 10 1934

19. UNDERTAKER (ADDRESS)

A. H. McLaughlin  
2301 Lafayette Ave

20. FILED

AUG 29 1934

Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1934 to Aug 8 1934

I last saw her alive on Aug 6 1934. Death is said to have occurred on the date stated above, at 8:15 P.M.

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

Ulcer of the duodenum

Date of onset

Other contributory causes of importance:

Name of operation..... No operation Date of.....

What test confirmed diagnosis? Physician's statement

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

M. D. Gemmitge None

(Signed) M. D. Gemmitge, M. D.

(Address) 4101 Washington Blvd.

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.

