

OCT 11 1934

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

Do not use this space.

34070

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. Jewish Hospital)

File No.
Registered No. 8837
St. Ward)

2. FULL NAME Beckie Barris

(a) Residence, No. 519 1/2 First St., not Ward. Belleville see

(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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Barris

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
ab 42

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. at home

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

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) Volhynia Russia

13. NAME Joseph Fitter

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

15. MAIDEN NAME Paula Sker

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

17. INFORMANT J. Barris

18. BURIAL, CREMATION, OR REMOVAL PLACE buried at Bethel DATE 9/3 1934

19. UNDERTAKER (ADDRESS) W. S. Perry

20. FILED 4715 McShannon

J. F. Bradock Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-12, 1934, to 9-2, 1934. I last saw her alive on 9-2, 1934. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

encephalomyelitis, acute Date of onset 7-9-34

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Special puncture 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.

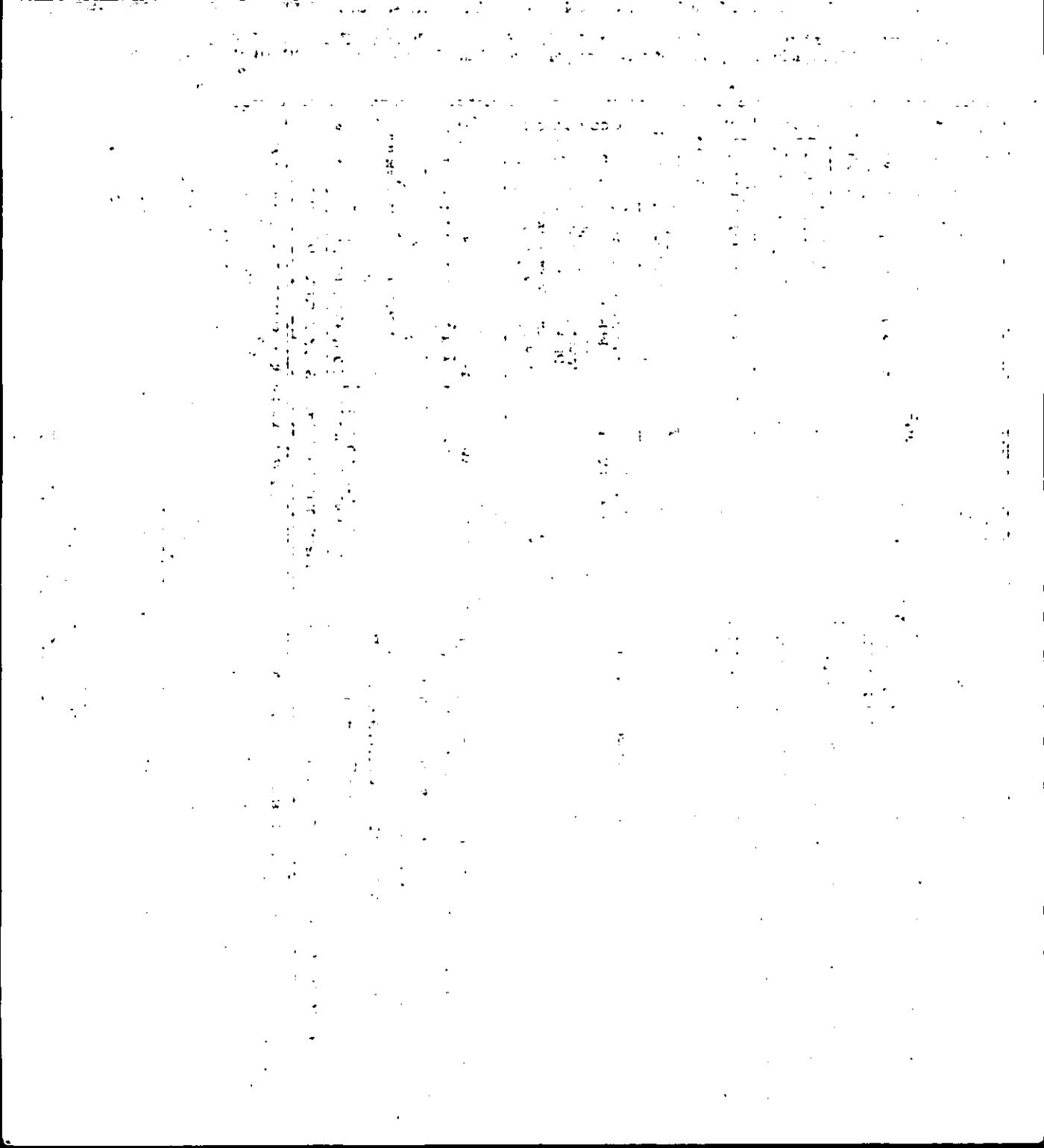
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry Agnew M. D.
(Address) Jewish Hospital, St. Louis

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.



DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

8837

St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Beekie Barris
Who died at Jeunech Hoop on Sept 2 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____
Date of birth _____ Age: abt 40 Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Encephalitis, acute Month _____ Year 1881
Birthplace (State or country) _____
Birthplace of father (State or country) This was not a case of
Birthplace of mother (State or country) the epidemic (lethargic) type seen
Principal cause of death: in St. Louis epidemic of 1923

Other contributory causes of importance Non lethargic - non epidemic
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Harry Agnes
Address of physician Jeunech Hoop

Signature of Registrar J. B. Bradick Date filed Oct 29. 34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours E. T. McGaugh
State Registrar

Reg. Dist. No.

Primary Reg. Dist. No.

Special Agent.

S-34070

SECRET