

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.

JUN 5 1936

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

Do not use this space.

20713

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis, Mo.* (No. *City*)

File No.....
Registered No. **4895**
St. Ward)

2. FULL NAME

(a) Residence, No. *5800 Arsenal 910^a B. 9* Ward

Length of residence in city or town where death occurred *43* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 15, 1893*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Chauffeur*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Truck*
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, Mo.*

13. NAME *Fred Beckman*

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

15. MAIDEN NAME *Sophia Shatz*

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

17. INFORMANT *J. G. Sullivan*
(ADDRESS) *5800 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Friedens* DATE *May 6, 1936*

19. UNDERTAKER *Henry Friedens and Co*
(ADDRESS) *1417 N. 1st St. St. Louis, Mo.*

20. FILED *J. F. Beck*
MAY 5 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 4, 1936*

22. I HEREBY CERTIFY That I attended deceased from *July 14, 1934* to *May 4, 1936*
I last saw *him* alive on *May 4, 1936* Death is said to have occurred on the date stated above, at *3:50 a.m.*
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Other contributory causes of importance
Tuberculosis

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

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) *C. E. Smith*, M. D.

(Address) *5600 Arsenal St. St. Louis, Mo.*

