

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

Do not use this space.

OCT 5 1936
PLACE OF DEATH

791

35550

County Registration District No. **1003**
Township Primary Registration District No. **1003**
City **St. Louis** No. **3502** **S. Jefferson** St. **24** Ward) (If nonresident, give city or town and State)

2. FULL NAME **Edward Beck**
(a) Residence, No. **3502 S. Jefferson** St., **24** 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 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 Mary Beck		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1870		
7. AGE	YEARS 66	MONTHS 0
	DAY 4	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker
	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) Germany	
FATHER	13. NAME Unknown Beck	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Unknown	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	
	17. INFORMANT (ADDRESS) Hulda Beck 3502 S. Jefferson	
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marcus DATE 9-5-36		
19. UNDERTAKER (ADDRESS) Witt Rip, 9-14-29 2929 S. Jefferson		
20. FILED SEP 3 1936 J. H. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 2, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **May 3, 1936** to **Sept 2, 1936**
I last saw him alive on **Sept 2, 1936** Death is said to have occurred on the date stated above, at **5 p.m.**
The principal cause of death and related causes of importance were as follows:
Thrombo phlebitis left limb.
Embolic cerebral

Date of onset **May 2, 1936**

Other contributory causes of importance:
Sept

Name of operation Date of
What test confirmed diagnosis? 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 **Adam & Youngman, M. D.**
(Signed) **5439** (Address) **Bravois**

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.

FORM 1-3-35-0 I X704

