OCT 5 1936

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

Do not use this space.

1467 N. Union

36138

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9782

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. St. Ann's Hospital St. ..... Ward)

2. FULL NAME Baby Beckenholdt

(a) Residence, No. 3807 Keokuk St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 - 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	—	20	

OCCUPATION

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

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) St. Louis Mo

FATHER

13. NAME Harry Beckenholdt

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

MOTHER

15. MAIDEN NAME Catherine Paulus

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

17. INFORMANT (ADDRESS) Harry Beckenholdt 3807 Keokuk

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter & Paul DATE 9-26-36, 19

19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeister 4016 Chippewa St.

20. FILED SEP 26 1936 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936, to Sept 26, 1936

I last saw her alive on Sept 25, 1936. Death is said to have occurred on the date stated above, at ..... m.

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

Date of onset

Acute Enteritis due to Pharyngitis Secondary to Parenteral Infection Nondiphtheretic (Pharyngitis) Sept 20

Other contributory causes of importance:

115 R

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) Julia L. Brody, M. D.

(Address) 1467 Union Ave

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD