

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.

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

Do not use this space.

38912 ✓

1. PLACE OF DEATH

County St. Louis Registration District No. 788
 Township Jefferson Primary Registration District No. 4471
 City Webster Groves (No. 360 Marshall Ave.) St. _____ Ward _____

File No. _____

Registered No. 110

2. FULL NAME Cathrine Marie Beoker

(a) Residence, No. 360 Marshall Ave St. _____ 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1859

7. AGE YEARS 77 MONTHS 4 DAYS 13 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) De Soto (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Blank

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

MOTHER 15. MAIDEN NAME Gerdhardin Fluth

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

17. INFORMANT Charles A Beoker (ADDRESS) 360 Marshall Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto City Cem. DATE Oct 24 1936

19. UNDERTAKER Louis N. Boyer (ADDRESS) Kirkwood Mo

20. FILED 10-22-1936 Jules R. Yore Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1936, to Oct. 21 1936

I last saw her alive on Oct. 21 1936. Death is said to have occurred on the date stated above, at 12:25 pm.

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

Chronic interstitial nephritis (date of onset 1934)
Arteriosclerosis of the blood vessels (date of onset 1934)
Pressure

Other contributory causes of importance: Mitral Regurgitation and Heart Failure

Name of operation no Date of _____
 What test confirmed diagnosis clinical 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? No
 If so, specify _____
 (Signed) W. E. Erdmann M. D.
 (Address) 3146 Maryland Rd.

