

WAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4923 Reber Pl.)

File No. 8180
Registered No. 1629
St. Ward)

2. FULL NAME Magdalena Beck

(a) Residence, No. 4923 Reber Pl. St., 13 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 0

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

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

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) Princeton Ind.

13. NAME Valentine Beck

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

15. MAIDEN NAME Catherine Heckman

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

17. INFORMANT Mrs. Maria Roessel
(ADDRESS) 4923 Reber Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory 2-8 1937

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILE NO. FEB 5 - 1937
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1937, to Feb 4, 1937
I last saw h. alive on 2/4/37, 19..... Death is said to have occurred on the date stated above, at 5:10 A.M.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
Date of onset 1/7/37

Other contributory causes of importance:

Influenza
Ch. Interstitial Nephritis
Date of onset 1/3/37

Name of operation none 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? NO

If so, specify Phlebotomy
(Signed) J. Bredeck M. D.
(Address) 3554 Victor St. St. Louis

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Dr. Moskop Victor St 2 to 5