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.

JUN 12 1937

791

18710

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. 1008 Registered No. 5286

City St. Louis (No. 5974 Julian Ave., 5 St. ..... Ward)

2. FULL NAME Margaret M. Beck.

(a) Residence, No. 5974 Julian Ave., St., 5 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: 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 Paul E. Beck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1856.

7. AGE: Years 80 Months 8 Days 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.

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) Kentucky

FATHER

13. NAME Patrick Fitzgibbons

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

MOTHER

15. MAIDEN NAME Don't Know

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

17. INFORMANT Paul F. Beck
(ADDRESS) 5974 Julian Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE May 29/37.

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Rodiamont Ave.,

20. FILED MAY 27 1937 J. C. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26/37. 19

22. I HEREBY CERTIFY, That I attended deceased from May 15 1937, to May 26 1937

I last saw her alive on May 26 1937. Death is said to have occurred on the date stated above, at 3.22 P.M.

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

	Date of onset
Cerebral Hemorrhage (Right Frontal Lob.)	May 15 37

Other contributory causes of importance:

Arteriosclerosis	
Arteriosclerotic Nephritis	?
Senility	

Name of operation None Date of

What test confirmed diagnosis? Clinical 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

(Signed) R. C. Harris, M. D.

(Address) University Club Bldg St. Louis Mo.

Dr. R. C. Harris
University ~~City~~--Club Bldg.,
Jeferson 7675.
10.30 A.M.