

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

Do not use this space.

SEP 10 1937

29012

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**  
*Christian Hosp.*

File No.....  
Registered No. **7645**  
St..... Ward)

**2. FULL NAME**

(a) Residence, No. *6600 Washington* St., *n.R.* Ward, *U. City Mo.*  
(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 <i>Male</i>	4. COLOR OR RACE <i>Amer.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elizabeth Beck</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 6/1886</i>		
7. AGE YEARS <i>51</i>	MONTHS <i>8</i>	DAYS <i>7</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>musician</i>		11. Total time (years) spent in this occupation.....
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Indiana</i>		
13. NAME <i>Jacob Beck</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
15. MAIDEN NAME <i>Sophia Bolick</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hagenau</i>		
17. INFORMANT <i>Christian Hospital Board Mrs E. Beck</i> (ADDRESS) <i>6600 Washington</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Sanset Burial</i> DATE <i>Aug 18</i> 19 <i>37</i>		
19. UNDERTAKER <i>Harvey Leidner &amp; Co</i> (ADDRESS) <i>1417 N. Myrtle St</i>		
20. FILED <i>J. Beck</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 11* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *July 31* 19*37* to *Aug 11* 19*37*  
I last saw him alive on *Aug 11* 19*37*. Death is said to have occurred on the date stated above, at *4:28* m.  
The principal cause of death and related causes of importance were as follows:  
*Uremia from Chr. Nephritis* Date of onset *3 days*  
*Cardiac Decompensation* *12 days*

Other contributory causes of importance:  
*Angina Pectoris* *1 day*  
*Benign Hypertension* *1 day*  
*from Uremia* *12 hours*

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.....  
(Signed) *Melvin Jess* , M. D.  
(Address) *3611 81. Ave One*

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.

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