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

32629
Do not use this space.

1. PLACE OF DEATH
(a) County 1 4 1937
(b) Township
(c) City St. Louis
(d) Street No. DePaul Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8683

2. PRINT FULL NAME EMMA BECK
(a) Residence, No. 6182 Westminister St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Henry Beck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/15/56

7. AGE: YEARS 81 MONTHS 2 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: housewife
9. Industry or business in which work was done, as 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): Mansfield, Ohio

FATHER
13. NAME: Jacob Drackert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Margaret Scharff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs W. H. Stentz 6182 Westminister

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mansfield, Ohio DATE 9/18/37, 19

19. FUNERAL DIRECTOR (ADDRESS): Alexander T. Sons 6175 Delmar Blvd

20. FILED SEP 16 1937 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-11, 1937 to 9-16, 1937
I last saw her alive on 9-16, 1937. Death is said to have occurred on the date stated above, at 8:20 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Epidemic	9-11-37
Coronary occlusion	9-16-37
Chr. cardio-vascular renal disease	20 yrs

Other contributory causes of importance:

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? No
If so, specify
(Signed) Oliver Abel Jr, M. D.
(Address) Lister Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J. WM Burkley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. and or by Carl B. Hueb, Registered Apprentice No. ——

working under my personal supervision.

Signed J. WM Burkley

Licensed Embalmer No. 3653

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)