

REC'D APR 11 1938

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

9270

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 291
(b) Township Primary Registration District No. 1003 Registered No. 2859
(c) City St. Louis (d) Street No. Alexian Bros. 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Beck 900

(a) Residence, No. 4752 Rosa St. 2 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 0 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Terminal R.R.
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) Cincinnati, Ohio.13. NAME Beck14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mrs. Harry Beck
(ADDRESS) 478 Clemens Kirkwood18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE March 26, 193819. FUNERAL DIRECTOR John L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois Ave.20. FILED APR 26 1938
J. D. Budich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 193822. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1937, to March 24, 1938I last saw him alive on March 23, 1938. Death is said to have occurred on the date stated above, at 2:58 P.

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

Chronic Interstitial nephritis 1936Other contributory causes of importance:
Coronary atherosclerosis 1937

Name of operation Date of

What test confirmed diagnosis? urinalysis Was there an autopsy? no23. 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? noIf so, specify St. Hubert Lungman, M. D.(Signed) St. Hubert Lungman, M. D.(Address) 4602 Gravois Ave. St. Louis Mo

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence P. Ridwell
Licensed Embalmer No. 3877

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