

REC'D JUN 9 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
100316343
Do not use this space.

4204

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis. (d) Street No. 6204 So. Kingshighway St.
 (e) Length of residence in city or town where death occurred 61 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.

Primary Registration District No.

Registered No.

2. PRINT FULL NAME

Louise Beck
 (a) Residence, No. 6204 So. Kingshighway St. 2
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Beck22. I HEREBY CERTIFY, That I attended deceased from March 25 1938, to May 5 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1876I last saw h. in alive on May 4 1938 Death is said to have occurred on the date stated above, at 3.15 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 18

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

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. At Home
 10. Date deceased last worked at this occupation (month and year) Feb. 1, 1938
 11. Total time (years) spent in this occupation 40 yrs

Carcinoma of Liver about 3/1/37
 Other contributory causes of importance: No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Henry J. Studt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Caroline Sellhorn
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Oscar Beck
6204 So. Kingshighway18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk. DATE May 7, 193819. FUNERAL DIRECTOR (ADDRESS) Henry L. Weidemueller
6203 Gravois Ave.20. FILED MAY - 7 1938 J. D. Bredbeck Local Registrar.

Name of operation closed Date of 3/1/37
 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? (nd)
If so, specify _____(Signed) J. D. Bredbeck M. D.
(Address) 322-24 University Club Bldg.

SEP 29 1947

STATEMENT BY LICENSED EMBALMER

I, Henry L. Heidemann, Licensed Embalmer No. 9293

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

..... L. E.

No. or by
working under my personal supervision.

Signed Henry L. Heidemann, Registered Apprentice No. 7
Licensed Embalmer No. 9293

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.)