

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 810  
Township Jefferson Primary Registration District No. 4488  
City Wentzville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

44614

2. FULL NAME

(a) Residence, No. County House Ward \_\_\_\_\_  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm J. Beck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17-1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 7 1

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
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) Illinois

MOTHER FATHER  
13. NAME Van Buren Yeager

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

15. MAIDEN NAME Barbara Rosenberger

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

17. INFORMANT (ADDRESS) Mrs W. F. Adams

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawns Ridge DATE Dec 19 1938

19. UNDERTAKER (ADDRESS) North Park Rest

20. FILED 12-20-1938 E. E. Tarrish Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10th 1938, to Dec 18 1938.  
I last saw him alive on Dec 17 1938 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Hemiplegia Date of onset 12/10-38

Other contributory causes of importance:  
old age

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:  
Was it a 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) W. C. Alexander M. D.  
(Address) Wentzville Mo



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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44614  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Scotland Registration District No. 810  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4488 Registered No. 46  
 (c) City Memphis (d) Street No. \_\_\_\_\_ 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 Lucy Catherine Beck  
 (a) Residence, No. \_\_\_\_\_ St.  (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid  
 (write the words)
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
- | 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, .....hrs. or .....min. |
|--------|-----------|----------|----------|--|
|        | <u>81</u> | <u>7</u> | <u>1</u> |  |
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. \_\_\_\_\_
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) \_\_\_\_\_
13. NAME \_\_\_\_\_
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_
15. MAIDEN NAME \_\_\_\_\_
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_
17. INFORMANT (ADDRESS) \_\_\_\_\_
18. BURIAL, CREMATION, OR REMOVAL  
 PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_
19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_
20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1938
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_
- I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.
- The principal cause of death and related causes of importance were as follows:  
Paralysis  
sequela of cerebral hemorrhage  
82H
- Date of onset \_\_\_\_\_
- 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) A. E. Alexander M. D.  
 (Address) Memphis

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Local Registrar.

