

REC'D FEB 10 1939

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

58
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... **St. Louis**
 (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.

Registration District No. **791**
 Primary Registration District No. **1003**
 (d) Street No. **4511 San Francisco Ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. **58****2. PRINT FULL NAME**

200 **FELIZABETH C. BECK,**
 (a) Residence, No. **4511 San Francisco Avenue** St. **70**
 (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) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rudolph Beck**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 30, 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 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) **Cincinnati, Ohio**
Ohio

FATHER 13. NAME **David Kessler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Not Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Rudolph Beck**
4511 San Francisco Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens** DATE **Jan. 4, 1939**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son**
2161 East Fair Avenue

20. FILED **JAN 8 1939** **J. B. Prudnik** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 1, 1939**

22. I HEREBY CERTIFY That I attended deceased from **Jan 1**, 19**39**, to **Jan 1**, 19**39**

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **6:00** m. A. M.

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

Chronic myocarditis
Chronic hypertension
acute cardiac dilatation. Date of onset

Other contributory causes of importance:

Name of operation **Physian** Date of.....
 What test confirmed diagnosis? **Physian** 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? **no**

If so, specify **68 Kellner**
 (Signed) **68 Kellner** M. D.

(Address) **3121 Grand Blvd**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 2967

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.)