

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.

REC'D FEB 10 1939

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

732  
Do not use this space.

1. PLACE OF DEATH  
 (a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **Faith Hospital.** Registered No. **732**  
 (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 **Charlotte Beck.**  
 (a) Residence, No. **830 Mc Laren Ave.** St. **8** (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 **Female.** 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 **Charles Beck.**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12/18/1879**  
 7. AGE YEARS **59** MONTHS **1** DAYS **2** If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 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. **At Home.**  
 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) **St Louis Mo.**  
 FATHER 13. NAME **John Heinen.**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill. 131**  
 MOTHER 15. MAIDEN NAME **Not Known.**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill. 131**  
 17. INFORMANT (ADDRESS) **Charles Beck. 830 Mc Laren Ave.**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **New Bethlehem.** DATE **Jan. 24, 1939**  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Math Hermann & Son. 2161 East Fair Ave.**  
 20. FILED **JAN 24 1939** **J. F. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 20, 1939**  
 22. I HEREBY CERTIFY, That I attended deceased from **Dec. 20, 1938, to Jan 20, 1939**  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **11. A. M.**  
 The principal cause of death and related causes of importance were as follows:  
**Chronic nephritis**  
**mitral regurgitation**  
**Hypostatic congestion**  
**pneumonia + nonlobular**  
 Other contributory causes of importance:  
**not known**  
**caused by leaking heart condition**  
 Name of operation..... **none** Date of.....  
 What test confirmed diagnosis? **laboratory** 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?.....  
 If so, specify..... **no**  
 (Signed)..... **H. F. Miller, M. D.**  
 (Address) **8410 N. Broadway St. St. Louis Mo**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed *William G. Buchko*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis*

**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.)**

**If this body is not embalmed, above space should be left blank.**