

FILED MAY 13 1941
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3618**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Mary J. Beck**

3. (b) If veteran, name war..... **No.**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Widowed**

6. (b) Name of husband or wife **John G.** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. **April 26 1852**
(Month) (Day) (Year)

8. AGE: Years **89** Months **0** Days **1** If less than one day hr. min.

9. Birthplace **Pinckneyville Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Thomas Wilson**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth McClure**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Beck**

(b) Address **6108 Wanda Ave.**

17. (a) **Removal** (b) Date thereof **4/28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pinckneyville, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. **APR 28 1941** (Date received local registrar)
J. H. Beck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **172**
(If outside city or town limits, write "RURAL")
(d) Street No. **6108 Wanda Ave.** **9**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)

If yes, name of physician.....
Medical Certification

20. DATE OF DEATH: Month **April** day **26**
year **1941** hour **12** minute **45** P. M.

21. I hereby certify that I attended the deceased from.....
....., 19..... to....., 19.....;

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of right femur**
Primary Arteriosclerosis
Suffered with deceased fell
while attempting to get out
of her room in basement
of her home 6108 Wanda
Ave. March 21 1941 at
about 12:45 AM

22. Other conditions (Include pregnancy within 3 months of death)
About 12:45 AM

Major findings:
Of operations **186a**
Of autopsy **18**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 000**

(b) Date of occurrence **May 21 - 1941**

(c) Where did injury occur? **Home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work?..... (Specify type of place)

(e) Means of injury **fall**

23. Signature **Albert H. Hoppe** (M. D. or other) **3**

Address **4700 Washington Ave.** Date signed **4/28/41**

01:38

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.....

Robert G. Hays

Licensed Embalmer No..... *2971*

P. O. Address.....

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, fact should be so stated above.