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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22211

Registration District No. 84 Primary Registration District No. 2100 Registrar's No. 1481

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robt. Koch Hospital (If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 367 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County — 0 8 0

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1919 Herbert 9 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Lucille E. Beeman

3. (b) If veteran, name war no

3. (c) Social Security No. Yes ?

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 1 M

6. (b) Name of husband or wife John Joseph Beeman

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased 7 (Month) — 8 (Day) — 22 (Year)

8. AGE: Years 20 Months — Days — If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Walter Grzeskoniak
13. Birthplace (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Josephine Kowalska
15. Birthplace — (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Robt. Koch Hosp. Records

(b) Address Koch, Mo

17. (a) ..... (Burial, ~~cremation, or removal~~) (b) Date thereof 7-11-42 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Calvary

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Ave.

19. (a) JUL 9 - 1942 (Date received local registrar) (b) C. H. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1942 hour 6 minute 15 p. M.

21. I hereby certify that I attended the deceased from 7-1-41, 19..., to 7-8-42, 19...; that I last saw her alive on 7-8-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	2 yrs
Due to	
Due to	
Other conditions G.I. Tuberculosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(b) Date of occurrence

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

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

While at work? (e) Means of injury

23. Signature Herbert C. Street (M. D. or other)

Address Koch Hosp. Date signed 7-9-42

707 (Licensed Embalmer's Statement on Reverse Side)

McG

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Forsythe

APR 9 1946

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 Wilford G Burnley

Licensed Embalmer No. 4202

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.