

S. No. 2
M-5-42
v. 1-17-39
X32873

28518

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1942 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 7442

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Deaconess Hospital
(d) Length of stay: _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. 4419 Hunt Ave.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME John Beck

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 4th
year 1942 hour 6:45 minute _____ P.M. _____

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

21. I hereby certify that I attended the deceased from June 6 1941 to Sept. 4 1942
that I last saw him alive on Sept. 4 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Immediate cause of death Pneumonia (terminal)
Duration _____

6. (b) Name of husband or wife Anna Beck 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 10th 1875
(Month) (Day) (Year)

Due to Chronic myocarditis
Chronic hypertension
Due to _____

8. AGE: Years Months Days If less than one day
67 1 25 _____ hr. _____ min.

Other conditions Severe secondary anemia
(Include pregnancy within 3 months of death)

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

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

10. Usual occupation Custodian

11. Industry or business Public Schools

12. Name Philip Beck

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

14. Maiden name Elizabeth Meyer

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

16. (a) Informant Anna Beck

(b) Address 4419 Hunt Ave.

17. (a) Burial (b) Date thereof 9-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 5 1942 J. F. Pudek
(Date received local registrar) (Registrar's signature)

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

23. Signature Linnell (M. D. or other) M.D.
Address 4501 E. Manchester Date signed _____

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

MOTHER FATHER

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 *Clinton D. McPherson*

Licensed Embalmer No. *3024*

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.