S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 3907

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 1450

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:
3306 Chippewa Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

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

(d) Street No. 3306 Chippewa
(If rural, give location)

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

If yes, name country — 0

1600
17
9

3. (a) PRINT FULL NAME Rose Beck

3. (b) If veteran, name war ------ 3. (c) Social Security No. ------

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Philip Beck 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 29, 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name William Mueller
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Katherine Eckert
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Philip Beck
(b) Address 3306 Chippewa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Beiderwieden F. H. Inc
(b) Address 1936 St. Louis Avenue

FEB 15 1943

19. (a) ..... (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th
year 1943 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from Aug. 1938, to Jan. 24th, 1943
that I last saw her alive on Jan 4th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Cerebral hemorrhage

Due to Cardio-vascular sclerosis

Due to .....

Other conditions .....
(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 [illegible] (M. D. or other)

Address 3108 Chippewa St Date signed 3-13-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. H.W. Theuermann
3108 Chippewa
8-10
6-8

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Co

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.