DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED AUG 14 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25973 OV

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1840

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

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

(c) Name of hospital or institution:
5474 Hodiamont Ave (Home)
(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)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis Co.

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

(d) Street No. 5474- Hodiamont Avenue.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Since childhood years.

3. (a) PRINT FULL NAME CAROLINE C. BECK

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DANIEL C. BECK 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Dec (Month) 3 (Day) 1864 (Year)

8. AGE: Years 78 Months 8 Days 4 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 PETER GIESELMANN
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name MARY GIESELMANN
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant GEORGE BECK (SON)
(b) Address 5474 HODIAMONT AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG (Month) 10th (Day) 1943 (Year)
(c) Place: burial or cremation ST. PAULS CHURCH YARD

18. (a) Signature of funeral director Mark Tiernan
(b) Address 6100 W. Florissant Ave

19. (a) AUG 12 1943 (Date received local registrar) (b) E. H. McGaran M.D. (Registrar's signature) U.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th- 1943
year 1943 hour 4:00 minute 45 MiA.M.

21. I hereby certify that I attended the deceased from 4/7/1931, 19__, to 8/6/1943, 19__;
that I last saw her alive on on August-6th-1943, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diagnose: Cardio-renal disease. Senile type	2-yrs
Sec:- Generalized arterio-	6-mo
Due to sclerosis, senile dementia	
General anasarca.	
Due to ____	
Other conditions ____ (Include pregnancy within 3 months of death)	

Major findings: Of operations Illness 131a

Of autopsy No.

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) No.
(b) Date of occurrence No.
(c) Where did injury occur? As stated. (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? Illness (e) Means of injury ____

23. Signature [signature] (M. D. or other)
Address 3718 Jennings Rd Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 Mark Tiernon

Licensed Embalmer No. 4174

P. O. Address 6100 W. Floris

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

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