

FILED DEC 22 1943
818

State File No. _____
Registrar's No. 10746

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 000
175

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

(d) Street No. 5583 BARTMEYER AVE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Steven Beck

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Lee Beck 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased 2-1-1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th year 1943 hour 4:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 2nd, 1943, to December 6th, 1943 that I last saw him alive on December 6th, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 10 Days 5 If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of tongue

Due to _____

Due to _____

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

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation LABOR

Major findings: None

Of operations _____

11. Industry or business _____

MOTHER FATHER { 12. Name Stephen Beck

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

14. Maiden name UNKNOWN

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

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Viola Bush

(b) Address 5583 BARTMEYER AVE

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

(a) Accident, suicide, or homicide (specify) _____

17. (a) BURIAL (b) Date thereof 12/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cuba Mo

(b) Date of occurrence _____

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

18. (a) Signature of funeral director Sullivan Reis

(b) Address 2849 N. Euclid Ave

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

19. (a) DEC 7 1943 (b) J. F. Medsker
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature M. W. Johnson (M. D. or _____)
Address 1515 Lafayette Date 12/6/43

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St. Louis Mo

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.