

UNITED STATES BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31686  
Registrar's No. 1883

FILED SEP 18 1944

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3719 Rosetta  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96  
(c) City or town Pine Lawn 6  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 3719 Rosetta  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 1

3. (a) PRINT FULL NAME Mrs Mary Beck  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Fred  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 18 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 8 24 hr. \_\_\_\_\_ min.

9. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Neumeier  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bertha Reisenleiter  
(b) Address 3719 Rosetta, Pine Lawn

17. (a) Burial (b) Date thereof Sept 15 '44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Laurel Hill Cem

18. (a) Signature of funeral director Beiderwieden Funeral Home  
(b) Address 1936 St Louis Ave

19. (a) SEP 13 1944 (b) C. D. McLaughlin, MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12  
year 1944 hour 6 minute 30 AM  
21. I hereby certify that I attended the deceased from May 25th  
1944 to Sept 12, 1944  
that I last saw him or alive on Sept 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular, Renal, Arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 131a  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
23. Signature Dr. C. D. McLaughlin (M.D. or other)  
Address 3601 Canaan Dr. Date signed 9-12/44  
W. H. Houser, M.D.

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

16000

707

(Licensed Embalmer's Statement on Reverse Side)

Dr. Francis Krentz  
3903a Paul Ave.

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**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.....

*Felix J. Krupar*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*1936 St. Louis*

**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.**