S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 4 1948

Registration District No. 1003

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 14914

Registrar's No. ~~4667~~

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

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: JEWISH HOSPITAL. 6
(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:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3227 MICHIGAN AV 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME IDA BECK

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOW 9

6. (b) Name of husband or wife CHRIST BECK

6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEBRUARY (Month) 20 (Day) 1871 (Year)

8. AGE: Years 74 Months 3 Days 4 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO 6 (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name FREDRICK SCHROEDER
13. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

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

16. (a) Informant Miss Louise Beck
(b) Address 3227 Michigan Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 26 (Day) 45 (Year)
(c) Place: burial or cremation BETHANIA CEMETERY

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) MAY 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1945 hour 8 minute 23 A.M.

21. I hereby certify that I attended the deceased from Jan. 23, 1945, to May 24, 1945
that I last saw her alive on May 24, 1945, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis
Chronic nephritis (several yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 P. H. Stahl (M. D. ~~or other~~)

Address 462 N. Taylor Ave Date signed 5/26/45

(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 Jos B Vollmer

Licensed Embalmer No. 4914

P. O. Address 3125 Lafayette St.

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.