

FILED MAR 20 1946

Primary Registration District No. _____

1003

Registrar's No. 2643

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:
3215a Utah /
(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
(If outside city or town limits, write "RURAL") 169
(d) Street No. 3215a Utah
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna J. Bek

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, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug. 19 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 29 25 If less than one day hr. min.

9. Birthplace Franklin Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name William Bek
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Annette Micholski
15. Birthplace Unknown Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Salzmann
(b) Address 3215a Utah

17. (a) Burial (b) Date thereof 3/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Wesley - Hildebrand
(b) Address 3634 Gravois Ave.

19. (a) MAR 20 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18
year 1946 hour 3 minute 30P M.

21. I hereby certify that I attended the deceased from 1944
Jan 1944 to March 18 1946
that I last saw him alive on March 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon
Due to _____
Due to _____

Other conditions hypertension - result of arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: None
Of operations: None
Of autopsy: None

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 March 18 1946
(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 injury) (e) Means of injury None

23: Signature J. F. Bredeck (M. D. or other) MD
Address 3606 Gravois Date signed 3-29-46

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

9806

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 Robert C Wheeler
Licensed Embalmer No. 2178
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.