

No. 2  
5-43  
5-17-39  
I X36671

FILED NOV 25 1946

State File No. \_\_\_\_\_  
Registrar's No. 9540

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 15 yrs. 9 mo. 12 hrs.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Katie Beck

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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  
7. Birth date of deceased March 9 1890  
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 28 If less than one day 12 hr. P.M. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation \_\_\_\_\_  
11. Industry or business None  
12. Name John Beck  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Amelia Benner  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Duraski Records  
(b) Address 3828 N. 25th St.  
17. (a) Cremation (b) Date thereof 11 9 46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Witt Bros. L. & U. Co.  
(b) Address 2929 S. Jefferson Ave.

19. (a) NOV 6 1946 (b) J. F. Bredech  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5800 Arsenal  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6  
year 1946 hour 12:00 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from July 2  
1945, 19\_\_\_\_, to November 6, 1946,  
that I last saw her alive on November 6, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure less than 5 min.  
Duration \_\_\_\_\_

Due to Paraplegia with major contractures 1931  
plus \_\_\_\_\_  
Due to Poliomyelitis 1931  
plus \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Palmer Amerson Bowditch (M. D. or other) \_\_\_\_\_  
Address 5800 Arsenal Date signed 11-6-46

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

37186

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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..... *H. M. Davis* .....

Licensed Embalmer No. *3741* .....

P. O. Address..... *2929 So Jefferson* .....

**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.**