V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39428

FILED NOV 25 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 10462

WRITE PLAINLY—USING 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: 5453 Dresden (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 27 Years years, months or days)

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. 4301 Bates Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline F. 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 Married
6. (b) Name of husband or wife William T. Beck
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased November (Month) 6 (Day) 1877 (Year)

8. AGE: Years 70 Months 0 Days 6 If less than one day hr. min.

9. Birthplace St. Genevieve (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
MOTHER FATHER
12. Name Henry Schaefer
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Friedericka Otte
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Arthur Doerr Daughter
(b) Address 5453 Dresden Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof November 18 (Month) (Day) (Year)
(c) Place: burial or cremation Our Redeemer Cemetery
18. (a) Signature of funeral director Beiderwieden Funeral
(b) Address 1936 St. Louis Ave.
19. (a) NOV 13 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 12 year 1947 hour ~~1:00~~ 2 minute 10 P M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw b..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Coronary Occlusion
Due to Hypertension & Broncho Pneumonia
Due to Daughter Dr. Dresden Ave. Nov. 12 1947 Noon 2:10 P.M.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Nov 12 1947
1947 Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Laughlin House (Specify type of place)
Home While at work? Means of injury
23. Signature Patrick E. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 11-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Approved

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 Neal C. Paulson

Licensed Embalmer No. 4164

P. O. Address 1936 St Louis Ave

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.