S. No. 2
—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6039
Registrar's No. 1582

FILED FEB 28 1948

Registration District No. 318 — Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: St Louis Mc (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Anthony Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St Louis 96
(c) City or town: ~~St Louis~~ Lemay (If outside city or town limits, write "RURAL") 0
(d) Street No. 1425 Wachtel (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: Dorothy L. Beck
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Mo
6. (b) Name of husband or wife: Jo Ray Beck
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: Aug (Month) 1 (Day) 1916 (Year)

8. AGE: Years 31 | Months 6 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Mo (City, town, or county) (State or foreign country) U
10. Usual occupation: House wife
11. Industry or business: at Home
FATHER 12. Name: Albert J. Gleisher
FATHER 13. Birthplace: Ill (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Emma L. Allegos
MOTHER 15. Birthplace: Mo U (City, town, or county) (State or foreign country)
16. (a) Informant: Jo Ray Beck
(b) Address: 1425 Wachtel
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 18/48 (Month) (Day) (Year)
(c) Place: burial or cremation: M H P
18. (a) Signature of funeral director: Oberdiek Wm C
(b) Address: 7420 Michigan Av
19. (a) FEB 16 1948 (Date received by Registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1948 hour 6:45 minute P M.
21. I hereby certify that I attended the deceased from Jan 25, 1948, to Feb 14, 1948; that I last saw him alive on Feb 14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Hemorrhage	1 hour
Due to: Left Lobar Bronchial Pneumonia	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 121	

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 .....
(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 ..... U
23. Signature: A. W. Geiss (M. D. or other)
Address: 414 [illegible] Date signed: Feb 16 1948

Jefferson City Printing Co.

(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.

V E Morris

Signed [redacted]

Licensed Embalmer No. 3653

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.