No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7315

Registration District No. 597

Primary Registration District No. 2002

Registrar's No. 539

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7024 Forsythe Blvd.
(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 Mo. (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7024 Forsythe Blvd.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fannye C. Beck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Louis L. Beck

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. 2nd., 1887 (Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 24 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) La. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry John Wise
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth DeMasquent
15. Birthplace New Orleans (City, town, or county) La. (State or foreign country)

16. (a) Informant Mr. Louis L. Beck
(b) Address 7024 Forsythe Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) 2-26-48 (Date received local registrar) (b) Cecile J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th., year 1948 hour 7 minute a. M.

21. I hereby certify that I attended the deceased from Jan 22, 1946 to Feb 26, 1948 that I last saw her alive on Feb 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Pulmonary Edema	1 hr
Due to: Acute myocardial failure	1 hr
Due to: Chronic Hypertensive Cardio-vascular disease	3 yrs
Other conditions (Include pregnancy within 3 months of death): Rheumatic heart disease	childhood

Major findings:
Of operations — 93 d
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 C. H. Lindeman (M. D. or other) MD
Address 4126 Shreve Date signed 2/26/48

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 - 1948

Dr. Carl H. Linnemann
4126a Shreve Ave. 12-3:30 pm.

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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.