FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24091
Registrar's No. 6215

Registration District No. 318 Primary Registration District No. 1003

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: Lutheran Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 0 0
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 4367 Ellenwood Ave. 9 (If rural, give location)
15
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HENRIETTA BECK

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 13 (Day) 1879 (Year)

8. AGE: Years 68 Months 11 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name Valentine Beck
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Kate Schulenberg
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Walter Beck
(b) Address 4367 Ellenwood Ave.
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof July 15, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa St.
19. (a) JUL 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1948 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from May 17, 1948, to July 13, 1948, that I last saw her alive on July 12, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus (Corpus) — Duration 2

Due to

Due to 48

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
(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 0

23. Signature N. B. Wagenbach (M. D. or other)
Address 4755 Morganford Date signed 7/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. H. F. Wagenbach
4755 Morganford Rd.
2-4

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 Harry J Schamacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.