

FILED AUG 28 1948

Registration District No. 18

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

27502

Registrar's No.

7379

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: 4455 So. Spring Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week,
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Katherine Beck,

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

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,
7. Birth date of deceased July 11, 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 12 Days 10
If less than one day hr. _____ min. _____

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

10. Usual occupation At Home,

11. Industry or business _____

12. Name Fred Rieth,

13. Birthplace Germany,
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Vagas,

15. Birthplace Unknown,
(City, town, or county) (State or foreign country)

16. (a) Informant William M. Beck,

(b) Address 7239 Koberman Ave.,

17. (a) Burial, (b) Date thereof 8/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) AUG 23 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 7239 Koberman Ave.,
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1948 hour 3: minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 14 1948 to Aug 21 1948
that I last saw her alive on Aug 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Chronic myocarditis
Atherosclerosis

Due to Chronic Hepatitis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 121

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ Means of injury _____

23. Signature Otto C. Himes M.D. or other _____

Address 3012 Lafayette Date signed 8/23/48

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..... me
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4248

2842 Meramec St.,
P. O. Address, St. Louis, 18, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Sept.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7379

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:

(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)2.3.1 (a) PRINT
FULL NAMEKatherine Beck

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced.

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive.

7. Birth date of deceased. July 11 (Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 0 If less than one day, hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name. 13. Birthplace (City, town, or county) (State or foreign country) 14. Maiden name 15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant. (b) Address. 17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) (c) Place: burial or cremation.

18. (a) Signature of funeral director. (b) Address.

19. (a) (Data received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1948 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from to, 19 that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death Duration

Due to. Due to.

Other conditions. (Include pregnancy within 3 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?

While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other) Address Date signed

SEP 4 1948

S-27502

0 22 1 10