

No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37854

FILED NOV 24 1948 318

State File No. 9919

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County.....
 (c) City or town..... St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5 5463 Cabanne
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Jacob W Beck
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... male 5. Color or race..... white
 6. (a) Single, widowed, married, divorced..... married
 6. (b) Name of husband or wife..... Elizabeth
 6. (c) Age of husband or wife if alive..... 79 years
 7. Birth date of deceased..... July 30 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>3</u>	<u>14</u>	hr. min.

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

10. Usual occupation..... Retired

11. Industry or business.....

12. Name..... Christ Beck

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

14. Maiden name..... Höber

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

16. (a) Informant..... Arthur Beck

(b) Address..... 2075 Central W.G.

17. (a) Burial (b) Date thereof..... 11/16/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Old St Marcus Cemetery

18. (a) Signature of funeral director..... John L Ziegenhein & Sons

(b) Address..... 7027 Gravois Ave.

19. (a) NOV 16 1948 J. B. Lester
(Date received local health officer's certificate) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... November day..... 14
 year..... 1948 hour..... 7 minute..... 30 a. M.

21. I hereby certify that I attended the deceased from
November 6 1948 to November 14 1948
 that I last saw him alive on November 13 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Uremia

Due to..... Arteriosclerotic Cardio-vascular renal disease

Due to..... 31

Other conditions..... Acute urinary retention
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 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?
(Specify type of place)

While at work?..... Means of injury..... 0

23. Signature..... Louis Lehmann (M. D. or other) M.D.
 Address..... 8231 Clayton Rd Date signed..... 11/15/48

000
13
9
0

Duration
1 wk

PHYSICIAN
Underline the cause to which death should be charged statistically.

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. J. Petersow

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.