

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1893

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b> ( )				d. STREET ADDRESS (If rural, give location) <b>3009 Hawthorne Bl.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sophie</b> b. (Middle) _____ c. (Last) <b>Beck</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-27-1949</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> ( )	8. DATE OF BIRTH <b>May 2, 1857</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b> ( )		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Matt Dietrich</b>		13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>		14. NAME OF HUSBAND OR WIFE <b>George Beck</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. John Stodieck 2611 Alfred Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Contusion of the face</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Stroke; Intra-cranial</b>  DUE TO (b) _____  DUE TO (c) <b>remarriage when she fell down the steps at home</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>July 24 1949 about 2:00 pm</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>L.A.B.D.</b>			20. AUTOPSY? <b>Accident</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		(21b. PLACE OF INJURY (a), in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo. gas</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 24 49 2:00 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:15 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Cathel E Taylor Coroner</b>			23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>2-28-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-1-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>FEB 28 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Paster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weick Bro. Und. Co. 2201 S. Grand</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

FILED MAR 11 1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James R. Dunn

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand

**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.