S. No. 300
v. 10-48

4 copies

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 1 1950

State File No. 22310

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6026 Registrar's No. 1529

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Red Light
c. LENGTH OF STAY (In this place): ...
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2210 Kappel Ave Hallsferry Memorial Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsdale
d. STREET ADDRESS (If rural, give location): 6562 Curtis Ave

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3. NAME OF DECEASED (Type or Print)
a. (First): Pauline
b. (Middle):
c. (Last): Beck

4. DATE OF DEATH (Month) (Day) (Year): June 20 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 3 1913
9. AGE (In years last birthday): 37 — If under 1 year: Months ... Days ... If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: .....
11. BIRTHPLACE (State or foreign country): St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Ewald F. Jacob
13b. MOTHER'S MAIDEN NAME: Anna M. Plack
14. NAME OF HUSBAND OR WIFE: Alvin E. Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): .....
16. SOCIAL SECURITY: 496-28-5432
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Alvin E. Beck, 6562 Curtis Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: unknown
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of liver 156.1
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 17, 1950, *to* June 20, 1950, *that I last saw the deceased alive on* June 18, 1950, *and that death occurred at* 5 p.m. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lewis Littmann
(Degree or title): MD
23b. ADDRESS: 8231 Clayton Rd (17)
23c. DATE SIGNED: 6/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23 1950
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 6-21-50
REGISTRAR'S SIGNATURE: Herbert R. Monks, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Jos. W. Clark. 1125 Hodiamont Ave

(Licensed Embalmer's Statement on Reverse Side)

Dr.Lewis E. Littman
8231 Clayton Road
Pa 0202

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

working under my personal supervision.

Student Embalmer No.....

Signed William S. Salfen

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles 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.