

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8806**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Deaconess Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):  
 a. STATE **Mo.** b. COUNTY **St. Louis**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Eureka**  
 d. STREET ADDRESS (If rural, give location) **Box 7**

3. NAME OF DECEASED (Type or Print)  
 a. (First) **ANNA** b. (Middle) \_\_\_\_\_ c. (Last) **BECK**  
 4. DATE OF DEATH (Month) (Day) (Year) **Oct. 16 1950**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow** 8. DATE OF BIRTH **Aug. 21, 1868** 9. AGE (In years last birthday) (Months) (Days) **82** 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) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) **Hermann, Mo.** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **Karl Boeing** 13b. MOTHER'S MAIDEN NAME **Elizabeth Unknown** 14. NAME OF HUSBAND OR WIFE **Late Christopher Beck**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Charles W. Weil** ADDRESS **3105 Longfellow Bl.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carcinoma of Stomach with Metastasis to Liver AND Abdominal Nodes** INTERVAL BETWEEN ONSET AND DEATH **6 Mo.**  
 ANTECEDENT CAUSES  
 \*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
 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 \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **Wide spread Carcinoma** 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **151X**

22. I hereby certify that I attended the deceased from **10 Oct**, 19**50**, to **16 Oct**, 19**50**, that I last saw the deceased alive on **16 Oct**, 19**50**, and that death occurred at **12:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **B. Houstain M.D.** (Degree or title) 23b. ADDRESS **634 N. Grand** 23c. DATE SIGNED **10-17-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct. 19, 1950** 24c. NAME OF CEMETERY OR CREMATORY **St. Peters Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **OCT 17 1950** REGISTRAR'S SIGNATURE **J. B. Basater** 25. FUNERAL DIRECTOR'S SIGNATURE **Kriegshauser** ADDRESS **4228 S. Kingshighway Bl.**

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

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *Richard W. Stovesund*

Licensed Embalmer No. *4007*

P. O. Address.....

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.